2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L01000009247 1. Entity Name RJB, LLC 2003 APR 21 PM 4: 39 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2250 UNIVERSITY BLVD. 3260 UNIVERSITY BLVD. SUITE 210 SUITE 210 WINTER PARK, FL 32792 WINTER PARK, FL 32792 octu Bluil CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 75-2993286 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HADDOCK, EDWARD E JR. 3260 UNIVERSITY BLVD. Of Box Number is Not Acceptable 13 1 vol. **9011E 210** WINTER PARK, FL 32792 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or prin reci agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIJI FEE IS \$50.00 Make Check Payable to Florida Department of State : Due By May 1 : 2000 400016379394 1/21/03---01035---044 ***55.no 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Addition **CR**ZĚ083 (10/02) MGR Delete TITLE TITLE HADDOCK, ROBERT W NAME NAME STREET ADDRESS 122 #2, W. WALDOURG ST. STREET ADDRESS +SAVANNAH, GA-31401 CITY-ST-ZIP CffY-S1-ZIP TITLE ☐ Delete TITLE Addition ☐ Charge NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY -ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAUF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CRY-S1-7(P CITY ST. 7P me Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this repert is true and/accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability corphany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. ٥ RE: L BCLL 9, LATER OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE: