2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# L01000013326

Entity Name: RSJDJL, LLC

Current Principal Place of Business:

6719 WINKLER ROAD #121
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6719 WINKLER ROAD #121
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-1129685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUMSDEN, DENNIS J
6719 WINKLER ROAD #121
FORT MYERS, FL 33919

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	LUMSDEN, DENNIS J	
Address:	6719 WINKLER ROAD #121	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	MGRM	( ) Delete
Name:	TAYLOR, LYNNE C	
Address:	6719 WINKLER ROADD #121	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	MGRM	( ) Delete
Name:	JOHNSON, RICHARD S	
Address:	15353 MYRTLE STREET	
City-St-Zip:	FORT MYERS, FL 33908	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DENNIS J LUMSDEN MGRM 01/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date