

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013776

Entity Name: RJ VENTURES, LLC

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

880 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

880 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-3744661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATECKI, PAUL L
880 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

JOHAN, PAUL
880 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716 US

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: PAUL JOHAN

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PS () Delete
Name: GRAHAM, DREW
Address: 880 CARILLON PKWY
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VPT () Delete
Name: JOHAN, PAUL
Address: 880 CARILLON PKWY
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VPS () Delete
Name: BRANDEWIE, RICHARD
Address: 880 CARILLON PKWY
City-St-Zip: SAINT PETERSBURG, FL 33716

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 exemption stated in Chapter 119, 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: PAUL JOHAN

VPT

04/08/2008

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