

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013776

Entity Name: RJ VENTURES, LLC

FILED  
Mar 26, 2009  
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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**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/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: DREW GRAHAM

MP

03/26/2009

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