


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000020858</b> 1. Entity Name RJDD, L.L.C.	
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Principal Place of Business 222 NORTH PASSAIC AVE CHATHAM, NJ 07928	Mailing Address 222 NORTH PASSAIC AVE CHATHAM, NJ 07928
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04162007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3834991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KAPLAN, ELBERT A 3251 BAYOU SOUND LONGBOAT KEY, FL 34228
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

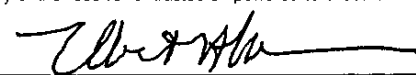
**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000719273  
05/01/07-80058-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, ELBERT A 3251 BAYOU SOUND CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANTOR KAPLAN, JULIA 222 NORTH PASSAIC AVE CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANTOR KAPLAN, ROBIN 222 NORTH PASSAIC AVE CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANTOR KAPLAN, DINA 222 NORTH PASSAIC AVE CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

4-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #