


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
Aug 04, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # L01000022818</b> 1. Entity Name RJB INVESTMENT GROUP, LLC	
---	---

Principal Place of Business 9816 BEAR LAKE ROAD APOPKA, FL 32703	Mailing Address PO BOX 306 INDEPENDENCE, KY 41051
--	---

**DO NOT WRITE IN THIS SPACE**

08012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2178372	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, TARA  
9816 BEAR LAKE ROAD  
APOPKA, FL 32703

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retreating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$60.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENTZ, RALPH W 10757 REMINGTON COURT, PO BOX 306 INDEPENDENCE, KY 41051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000573319  
08/04/06-80002-009 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 808, Florida Statutes.

**SIGNATURE:** Ralph W Bentz Mgr 8/12/06 859-866-8525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #