

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90074 018 ****50.00

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03242005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L0200000724					
1. Entity Name RAJO, LLC					
Principal Place of Business 8777 SAN JOSE BLVD., BUILDING A, SUITE 200 JACKSONVILLE, FL 32217			Mailing Address 8777 SAN JOSE BLVD., BUILDING A, SUITE 200 JACKSONVILLE, FL 32217		
2. Principal Place of Business <i>12412 SAN JOSE Blvd.</i>		3. Mailing Address <i>12412 SAN JOSE Blvd.</i>			
Suite, Apt. #, etc. <i>Suite 104</i>		Suite, Apt. #, etc. <i>Suite 104</i>			
City & State <i>JACKSONVILLE FL</i>		City & State <i>JACKSONVILLE FL</i>			
Zip <i>32223</i>	Country <i>USA</i>	Zip <i>32223</i>	Country <i>USA</i>	4. FEI Number 90-0002277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CRABTREE, R.R. 8777 SAN JOSE BLVD., BUILDING A, SUITE 200 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRABTREE, R.R. 8777 SAN JOSE BLVD., BUILDING A, SUITE 200 JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANIFF, MICHAEL L 12412 SAN JOSE BOULEVARD, SUITE 104 JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Michael L. Braniff</i> <i>3/28/05 260-9009</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					