


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L02000000724</b>	
1. Entity Name <b>RAJO, LLC</b>	

**20034883**



Principal Place of Business <b>8777 SAN JOSE BLVD., BUILDING A, SUITE 200 JACKSONVILLE, FL 32217</b>	Mailing Address <b>8777 SAN JOSE BLVD., BUILDING A, SUITE 200 JACKSONVILLE, FL 32217</b>
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2. Principal Place of Business <b>12412 SAN JOSE BLVD.</b>	3. Mailing Address <b>12412 SAN JOSE BLVD.</b>
Suite, Apt. #, etc. <b>Suite 104</b>	Suite, Apt. #, etc. <b>Suite 104</b>
City & State <b>JACKSONVILLE FL</b>	City & State <b>JACKSONVILLE FL</b>
Zip <b>32223</b>	Zip <b>32223</b>
Country <b>USA</b>	Country <b>USA</b>

03242005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>90-0002277</b>	Applied For <input type="checkbox"/> 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 <b>CRABTREE, R.R. 8777 SAN JOSE BLVD., BUILDING A, SUITE 200 JACKSONVILLE, FL 32217</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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
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:** Michael L. Braniff **Michael L. Braniff** 3/28/05 260-9009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #