

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90042 004 \*\*\*\*50.00

DOCUMENT # L02000000724

1. Entity Name  
RAJO, LLC



Principal Place of Business  
12412 SAN JOSE BLVD.  
SUITE 104  
JACKSONVILLE, FL 32223

Mailing Address  
12412 SAN JOSE BLVD.  
SUITE 104  
JACKSONVILLE, FL 32223

20029897



2. Principal Place of Business

18058 SAN JOSE Blvd.  
Suite, Apt. #, etc.  
Suite 804

3. Mailing Address

18058 SAN JOSE Blvd.  
Suite, Apt. #, etc.  
Suite 804

04072006 Chg-LLC CR2E083 (11/05)

City & State  
JACKSONVILLE FL

City & State  
JACKSONVILLE FL

4. FEI Number  
90-0002277

Applied For  
Not Applicable

Zip  
32223

Country

Zip  
32223

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRABTREE, R.R.  
8777 SAN JOSE BLVD., BUILDING A, SUITE 200  
JACKSONVILLE, FL 32217

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

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, 2006

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRANIFF, MICHAEL L  
12412 SAN JOSE BOULEVARD, SUITE 104  
JACKSONVILLE, FL 32223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRANIFF, MICHAEL L.  
18058 SAN JOSE Blvd. Suite 804  
JACKSONVILLE FL 32223  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/13/06