

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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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

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

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 Delete

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 Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
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 STREET ADDRESS
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 Change Addition

TITLE
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 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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 #

Michael L. Braniff
 4/7/06