


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000000724	
1. Entity Name RAJO, LLC	

Principal Place of Business 12058 SAN JOSE BLVD SUITE 804 JACKSONVILLE, FL 32223	Mailing Address 12058 SAN JOSE BLVD SUITE 804 JACKSONVILLE, FL 32223
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03262008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0002277	Applied For 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

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CRABTREE, R.R.
STREET ADDRESS	8777 SAN JOSE BLVD., BUILDING A, SUITE 200
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	MGRM
NAME	BRANIFF, MICHAEL L
STREET ADDRESS	12058 SAN JOSE BLVD SUITE 804
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGRM
NAME	CALOIA, THOMAS V
STREET ADDRESS	12058 SAN JOSE BLVD SUITE 804
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000925821
 05/20/08-80040-018 138.75

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

SIGNATURE: Michael Braniff 4/13/08 904 260-9009
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #