2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

POLK CITY FL 33868

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

5255 ISLAND VIEW CIRCLE S.

DOCUMENT # L02000008252

1. Entity Name

Principal Place of Business

5255 ISLAND VIEW CIRCLE S.

2. Principal Place of Business

ROGERS, ROBERT J 5255 ISLAND VIEW CIRCLE S

POLK CITY FL 33868

the obligations of registered agent.

MGR

ROGERS, ROBERT J

POLK CITY FL 33868

5255 ISLAND VIEW CIRCLE S.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

TIT) F

NAME

TITLE

TITLE

NAME STREET ADDRESS

TITLE

TITI F

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

STREET ADDRESS

SIGNATURE:

CITY+ST-7IP

CITY-ST-ZIF

POLK CITY FL 33868

R.J.R. INDUSTRIES OF POLK COUNTY, L.L.C.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS



Country

Name

City

FILE NOW!!! FEE IS \$50.00

Due By May 1, 2003

10.

TITLE

NAME

TITLE.

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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.

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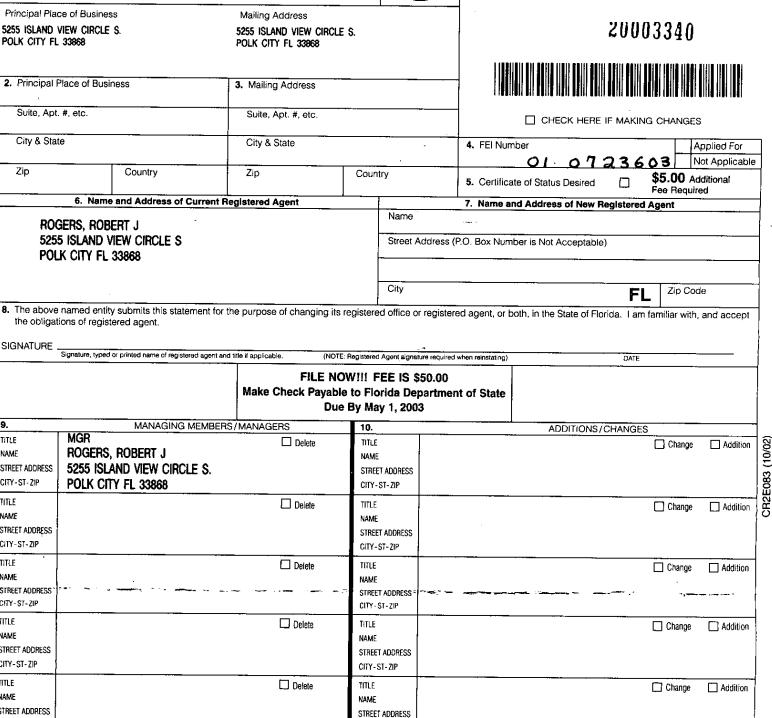
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90569 010 ****50.00



☐ Change

☐ Addition