

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016487

Entity Name: RJDI, L.L.C.

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

218 GREENACRES ROAD  
SUITE 100  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

218 GREENACRES ROAD  
SUITE 100  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 51-0421371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINN, JOHN R JUR  
218 GREENACRES RD.  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LINN, ROBERT L  
Address: 218 GREENACRES ROAD  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: MGRM  
Name: LINN, JOHN R JR.  
Address: 218 GREENACRES ROAD  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: MGRM  
Name: LINN, IVAN V  
Address: 218 GREENACRES ROAD  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: MGRM  
Name: LINN, DANIEL R  
Address: 218 GREENACRES RD  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN R. LINN JR.

MGRM

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date