Feb 25
Sec

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018352

1. Entity Name
RYJO PROPERTIES, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1300 NORTH CONGRESS AVENUE<br>WEST PALM BEACH, FL 33409 | 1300 NORTH CONGRESS AVENUE<br>WEST PALM BEACH, FL 33409 |

DO NOT WRITE IN THIS SPACE

02222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0738818
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KERR, JAMES E
1300 NORTH CONGRESS AVENUE
WEST PALM BEACH, FL 33409

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | KERR, JAMES E |
| STREET ADDRESS | 1300 NORTH CONGRESS AVENUE |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33409 |
| TITLE | MGRM |
| NAME | KERR, VIVIAN S |
| STREET ADDRESS | 1300 NORTH CONGRESS AVENUE |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33409 |
| TITLE | MGRM |
| NAME | KERR, DOUGLAS R |
| STREET ADDRESS | 2359 HOLLY LANE |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | MGRM |
| NAME | BRITTON, BEVERLY |
| STREET ADDRESS | 45 MADDOX ROAD |
| CITY-ST-ZIP | ACWORTH, GA 30102 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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.

**SIGNATURE:** _____ 2/22/2005 (561) 659-8608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #