

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90018 006 ****50.00

DOCUMENT # L03000002802 1. Entity Name TRJ INVESTMENT GROUP, LLC					
Principal Place of Business 2570 LKAE DEBRA DR 16-105 ORLANDO, FL 32835 US			Mailing Address 2570 LKAE DEBRA DR 16-105 ORLANDO, FL 32835 US		
2. Principal Place of Business 2570 LAKE DEBRA DR Suite, Apt. #, etc. # 16-105		3. Mailing Address 2570 LAKE DEBRA DR Suite, Apt. #, etc. 16-105			
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA		4. FEI Number 45-0497427	
Zip 32835		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AIRTH, HAL A JR. 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801				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 _____ 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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PACOS, ROBERT 2570 LAKE DEBRA DRIVE #16-105 ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, TOM 9210 BAY POINT DRIVE ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTEN, JOEY 4197 LIMERICK DRIVE LAKE WALES, FL 33859		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTEN, JOEY 3180 S.R. 13 JACKSONVILLE, FLORIDA 32259 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(f), 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: <i>Robert A. Pacos</i> Co-Management Member			4/10/05 407-509-1900		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					