


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90305 009 ****50.00

DOCUMENT # L03000016903 1. Entity Name RJL, LLC	
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Principal Place of Business 712 SOUTH RT. 27/441 LADY LAKE, FL 32159	Mailing Address 712 SOUTH RT. 27/441 LADY LAKE, FL 32159
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DO NOT WRITE IN THIS SPACE

60029142



03102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 57-1160003	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

MOUSSETTE, RONALD JR.
712 SOUTH RT. 27/441
LADY LAKE, FL 32159

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOUSSETTE, RONALD 38 BIG TRUCK TRAIL ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOUSSETTE, RONALD B JR. 340 RIDGEWOOD DRIVE FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOUSSETTE, JANE 38 BIG TRUCK TRAIL ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *R Moussette Jr* *3-22-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #