


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90154 025 \*\*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                 |                                                                                                                                         |                                                                                                            |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L03000042498</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                 |                                                                                                                                         |                           |                                                                   |
| 1. Entity Name<br>NRPJ, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                 |                                                                                                                                         |                                                                                                            |                                                                   |
| Principal Place of Business<br>7594 W. SAND LAKE ROAD<br>ORLANDO FL 32819                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                 | Mailing Address<br>7594 W. SAND LAKE ROAD<br>ORLANDO FL 32819                                                                           |                                                                                                            |                                                                   |
| 2. Principal Place of Business -<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                 | 3. Mailing Address -<br>Suite, Apt. #, etc.                                                                                             |                                                                                                            |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                 | City & State                                                                                                                            |                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                              | Zip                             | Country                                                                                                                                 | 4. FEI Number<br><b>20-0367111</b>                                                                         |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                 |                                                                                                                                         | Applied For<br>Not Applicable                                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                 |                                                                                                                                         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>JEBAILY, PAUL<br>7594 W. SAND LAKE ROAD<br>ORLANDO FL 32819                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 <b>7/14/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                           |                                                                      |                                 |                                                                                                                                         |                                                                                                            |                                                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                 |                                                                                                                                         |                                                                                                            |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                 | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>JEBAILY, PAUL<br>7594 W. SAND LAKE ROAD<br>ORLANDO FL 32819  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>RECHDAN, NAZEM<br>7594 W. SAND LAKE ROAD<br>ORLANDO FL 32819 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 686, Florida Statutes. |                                                                      |                                 |                                                                                                                                         |                                                                                                            |                                                                   |
| SIGNATURE: _____ DATE <b>4/9/04</b> 407-226-8888<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                 |                                                                                                                                         |                                                                                                            |                                                                   |

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MOORE CR2E083 (11/03)