2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# L03000046491

Entity Name: RJ&J PROPERTIES, LLC

Current Principal Place of Business:

1823 WAGON WHEEL CIRCLE WEST
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

1823 WAGON WHEEL CIRCLE WEST
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOUTHILLIER, REGINALD L JR
3336 MICANOPY TRAIL
TALLAHASSEE, FL 32312 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/MEMBERS:

Title: MGRM ( ) Delete
Name: BOUTHILLIER, REGINALD L JR
Address: 1823 WAGON WHEEL CIRCLE WEST
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete
Name: BOUTHILLIER, JOSEPH R
Address: 1823 WAGON WHEEL CIRCLE WEST
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete
Name: BOUTHILLIER, JEFFREY J
Address: 1823 WAGON WHEEL CIRCLE WEST
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REGINALD L. BOUTHILLIER, JR. MGRM 04/20/2004

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