


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90072 043 ****50.00

| | |
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| DOCUMENT # L03000048058 |  |
| 1. Entity Name RJ HILL DELIVERY SERVICE, LLC | |

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| Principal Place of Business 6701 MALLARD'S COVE RD. #43D JUPITER FL 33418 US | Mailing Address 938 ISLAND SHORES DR. WEST PALM BEACH FL 33413 US |
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MOORE CR2E083 (4/04)

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| 2. Principal Place of Business SAME AS ABOVE | 3. Mailing Address 6239 Riverwalk Ln. #1 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Jupiter FL. |
| Zip | Country U.S.A. |
| Country | Zip 33458 |

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| 4. FEI Number 680348385 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent |
| HILL, ROBERT J SR. 938 ISLAND SHORES DR. WEST PALM BEACH, FL FL 33413 |

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| 7. Name and Address of New Registered Agent |
| Name Robert J. Hill sr. |
| Street Address (P.O. Box Number is Not Acceptable) 6239 Riverwalk Ln. #1 |
| City Jupiter |
| State FL |
| Zip Code 33458 |

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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 Robert J. Hill sr. | DATE 9/1/04 |

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| <p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004</p> | |
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| 9. MANAGING MEMBERS / MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HILL, ROBERT J SR. 938 ISLAND SHORES DR. WEST PALM BEACH FL 33413 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Hill, Robert J. sr. 6239 Riverwalk Ln. #1 Jupiter FL. 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS 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 608, Florida Statutes.

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|---|-----------------------|--|
| SIGNATURE: Robert J. Hill sr. | Date 9/1/04 | Daytime Phone # 561-723-8677 |
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