

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006790

Entity Name: RHJ LIMITED CO.

FILED
Feb 20, 2008
Secretary of State

Current Principal Place of Business:

18194 EAU GALLIE CIRCLE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

18194 EAU GALLIE CIRCLE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 43-2041832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOY, ROBERT H JR
18194 EAU GALLIE CIRCLE
PORT CHARLOTTE, FL 33948 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/MANAGERS:

Title: MGRM () Delete
Name: JOY, ROBERT H JR
Address: 18194 EAU GALLIE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM () Delete
Name: TAYLOR, MARY E
Address: 18194 EAU GALLIE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM () Delete
Name: JOY, STEPHEN A
Address: 18194 EAU GALLIA CIR
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: JOY, STEPHEN A
Address: 17910 MURDOCK CIRCLE APT. #204
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT H. JOY JR.

MGRM

02/20/2008

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