

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L04000008995 1. Entity Name RJA 1, LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310 | | Mailing Address 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1435 Piedmont Drive E. Suite, Apt. #, etc. 202-4 City & State Tallahassee FL Zip 32308 | | 3. Mailing Address 1435 Piedmont Drive E. Suite, Apt. #, etc. 202-4 City & State Tallahassee, FL Zip 32308 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-0690083 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 04072006 Chg-LLC CR2E083 (11/05) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ANGERER, ROBERT J SR. 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310 | | 7. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) 1435 Piedmont Drive E., Suite 202-4 City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32308</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u>Robert J. Angerer, Sr.</u> DATE <u>4/14/06</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reappointing)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ANGERER, ROBERT J SR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7268 BLOUNTSTOWN HIGHWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32310</td> <td></td> </tr> </table> | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | ANGERER, ROBERT J SR. | | STREET ADDRESS | 7268 BLOUNTSTOWN HIGHWAY | | CITY-ST-ZIP | TALLAHASSEE, FL 32310 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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: <u>Robert J. Angerer Sr.</u> | | Date <u>4/14/06</u> Daytime Phone # <u>850 576 3982</u> | | | | | | | | | | | | | | | | | | | | | | | | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

