

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000013697**

1. Entity Name

R.J. PROPERTIES OF N.W. FLORIDA, L.L.C.



Principal Place of Business

218 GREEN ACRES RD  
FORT WALTON BEACH, FL 32547

Mailing Address

218 GREEN ACRES RD  
FORT WALTON BEACH, FL 32547



04062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0815761

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINN, ROBERT L  
218 GREEN ACRES RD  
FORT WALTON BEACH, FL 32547

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000500288  
04/25/06-80015-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BOB LINN, INC.  
218 GREEN ACRES RD  
FORT WALTON BEACH, FL 32547

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BOB LINN, INC.  
218 GREEN ACRES RD  
FORT WALTON BEACH, FL 32547

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
JOHN LINN, INC.  
218 GREEN ACRES RD  
FORT WALTON BEACH, FL 32547

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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 603, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_