

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90193 018 ****50.00

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

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE:

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

DATE

Daytime Phone #

ROBERT L. LINN

2/22/07

850-862-6822