

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
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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 <input type="checkbox"/>	\$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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

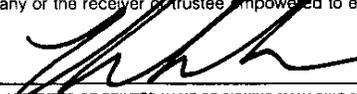
**Filing Fee is \$50.00
 Due by May 1, 2007**

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	

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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:  **ROBERT L. LINN** 2/22/07 89-862-6822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DAY Daytime Phone #