


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90019 004 ***138.75

DOCUMENT # L04000037158 1. Entity Name RU JO PROPERTIES I, LLC	
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Principal Place of Business 11167 TUNG GROVE RD. TALLAHASSEE, FL 32317	Mailing Address 11167 TUNG GROVE RD. TALLAHASSEE, FL 32317
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50006497



05062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 21-3569174	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOWLING, JOHN WILLIAM 11167 TUNG GROVE RD. TALLAHASSEE, FL 32317

**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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR BOWLING, JOHN WILLIAM JR 11167 TUNG GROVE RD. TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR BOWLING, SUZANNE 11167 TUNG GROVE RD. TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR BOWLING, RUTH M 11167 TUNG GROVE RD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR BOWLING, JONATHAN P <i>hug</i> 11167 TUNG GROVE RD TALLAHASSEE, FL 32317
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.
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SIGNATURE:

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

Date

Daytime Phone #

5-06-08

850591-0257