

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037158

Entity Name: RU JO PROPERTIES I, LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

11167 TUNG GROVE RD.  
TALLAHASSEE, FL 32317

## **New Principal Place of Business:**

1500 HARBOR CLUB DRIVE  
TALLAHASSEE, FL 32308

## **Current Mailing Address:**

11167 TUNG GROVE RD.  
TALLAHASSEE, FL 32317

## **New Mailing Address:**

1500 HARBOR CLUB DRIVE  
TALLAHASSEE, FL 32308

FEI Number: 21-3569174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BOWLING, JOHN WILLIAM JR  
11167 TUNG GROVE RD.  
TALLAHASSEE, FL 32317 US

## **Name and Address of New Registered Agent:**

BOWLING, JOHN WILLIAM JR  
1500 HARBOR CLUB DRIVE  
TALLAHASSEE, FL 32308 US

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.

SIGNATURE:

04/25/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOWLING, JOHN WILLIAM JR  
Address: 1500 HARBOR CLUB DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: BOWLING, SUZANNE  
Address: 1500 HARBOR CLUB DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGMR  
Name: BOWLING, RUTH M  
Address: 1500 HARBOR CLUB DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: BOWLING, JONATHAN P  
Address: 1500 HARBOR CLUB DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN WILLIAM BOWLING

MGMR

04/25/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date