


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR 21 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000039966		
1. Entity Name RJA 2, LLC		

Principal Place of Business 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310	Mailing Address 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310
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2. Principal Place of Business 1435 Piedmont Drive E. Suite, Apt. #, etc. 202-4 City & State Tallahassee, FL Zip 32308 Country	3. Mailing Address 1435 Piedmont Drive E. Suite, Apt. #, etc. 202-4 City & State Tallahassee, FL Zip 32308 Country
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04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1203100	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ANGERER, ROBERT J SR 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310	
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7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable) 1435 Piedmont Drive E., Suite 202-4 City: FL Zip Code	
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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: Robert J. Anger Sr. DATE: 4/14/06
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGERER, ROBERT J SR 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 J. Anger Sr. DATE: 4/14/06 DAYTIME PHONE #: 850 576 5982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE