## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Secretary of State 03-07-2005 90057 018 \*\*\*\*50.00 **DOCUMENT # L04000045911** 1. Entity Name R&J HOLDINGS, LLC Principal Place of Business Mailing Address 3922 AIRWAY CIR 3922 AIRWAY CIR 20018633 CLEARWATER, FL 33716 CLEARWATER, FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012005 CR2E083 (10/03) Chg-LLC 4. FEI Number 2 17 80 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITLOW, ROBERT C SR Street Address (P.O. Box Number is Not Acceptable) 3922 AIRWAY CIR CLEARWATER, FL 33716 Zip Code City 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. Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. -10. MGRM TITLE ☐ Delete TITLE ☐ Addition ☐ Change WHITLOW, ROBERT C SR NAME NAME 3922 AIRWAY CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33716 CITY-ST-ZIP MGRM ☐ Change Addition ☐ Delete WHITLOW, JANIS A NAME NAME STREET ADDRESS STREET ADDRESS 3922 AIRWAY CIR CITY-ST-ZIP CLEARWATER, FL 33716 CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete tm s ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

**FILED** Mar 07, 2005 8:00 am

☐ Change

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☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE -

NAME

STREET ADDRESS CITY-ST-ZIP

±":□ Delete

TITLE

NAME

STREET ADDRESS

CBERT C WHITELLE