


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000045911</b> 1. Entity Name R&J HOLDINGS, LLC	
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Principal Place of Business 3922 AIRWAY CIR CLEARWATER, FL 33716	Mailing Address 3922 AIRWAY CIR CLEARWATER, FL 33716
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**DO NOT WRITE IN THIS SPACE**



03012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2178078	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  WHITLOW, ROBERT C SR 3922 AIRWAY CIR CLEARWATER, FL 33716	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

000000655628  
03/13/07-80114-006 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITLOW, ROBERT C SR 3922 AIRWAY CIR CLEARWATER, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITLOW, JANIS A 3922 AIRWAY CIR CLEARWATER, FL 33716
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**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.

**SIGNATURE:**  **3-10-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #