2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/1

FILED
Apr 02, 2008 8:00 am
Secretary of State
03-12-2008 90241 040 ***138.75

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1. Entity Name
RVJ PROPERTIES L.L.C.

Principal Place of Business	Mailing Address
4895 HIGGINBOTHAM ROAD FORT MYERS, FL 33905 US	4895 HIGGINBOTHAM ROAD FORT MYERS, FL 33905 US

30003139

01312008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1463189
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, RONALD S
4895 HIGGINBOTHAM ROAD
FORT MYERS, FL 33905

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RICHARDSON, RONALD S
STREET ADDRESS	4895 HIGGINBOTHAM ROAD
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	MGRM
NAME	RICHARDSON, VIKKI A
STREET ADDRESS	4895 HIGGINBOTHAM ROAD
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	MGRM
NAME	RICHARDSON, JASON
STREET ADDRESS	4895 HIGGINBOTHAM ROAD
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	MGRM
NAME	RICHARDSON, ANNA
STREET ADDRESS	4895 HIGGIRIBOTHAM RD
CITY-ST-ZIP	FORT MYERS, FL 33905
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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #