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Apr 17, 2006 8:00 am
Secretary of State
04-03-2006 90066 038 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000071028

1. Entity Name
RJM PROPERTIES, LLC

Principal Place of Business	Mailing Address
6150 DIAMOND CENTER BLDG. 501 FORT MYERS, FL 33912	6150 DIAMOND CENTER BLDG. 501 FORT MYERS, FL 33912

03162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
6150 DIAMOND CENTRE CT		6150 DIAMOND CENTRE CT	
Suite, Apt. #, etc. BLDG 500		Suite, Apt. #, etc. BLDG. 500	
City & State FORT MYERS FL		City & State FORT MYERS FL	
Zip 33912	Country LEE	Zip 33912	Country LEE

4. FEI Number 20-1687322 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCORMACK, R.J.
6150 DIAMOND CENTER COURT
BLDG. 501
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name R.J. McCORMACK
Street Address (P.O. Box Number is Not Acceptable) 6150 DIAMOND CENTRE CT.
BLDG. 500
City FORT MYERS FL Zip Code 33912

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 [signature] 3/22/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCORMACK, RICARDO J 6150 DIAMOND CENTER COURT, BLDG. 500 FORT MYERS, FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICARDO J McCORMACK 6150 DIAMOND CENTRE CT. BLDG 500 FORT MYERS FL 33912	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/10/06 239-275-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #