


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000077119 1. Entity Name ROGERS-JANSSEN, LLC	
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Principal Place of Business 7863 DREW CR SUITE 1 FT.MYERS, FL 33967	Mailing Address 18199 PARKRIDGE CIRCLE FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



01172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1808281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JANSSEN, DOUGLAS J
7863 DREW CR
SUITE 1
FT.MYERS, FL 33967**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

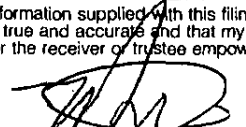
U00000800691
01/31/08-80027-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANSSEN, DOUGLAS J 18199 PARKRIDGE CIRCLE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGERS, MARK S 7863 DREW CR SUITE 1 FT.MYERS, FL 33967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **1/26/08 (239) 561-2158**

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