


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR 21 AM 9:10

DOCUMENT # L05000010225 1. Entity Name RJAFL, LLC	
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Principal Place of Business 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310	Mailing Address 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business <i>1435 Piedmont Drive E.</i> Suite, Apt. #, etc. <i>202-4</i>	3. Mailing Address <i>1435 Piedmont Drive E.</i> Suite, Apt. #, etc. <i>202-4</i>
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City & State <i>Tallahassee, FL</i> Zip <i>32308</i>	City & State <i>Tallahassee, FL</i> Zip <i>32308</i>
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04072006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent ANGERER, ROBERT J SR 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310	7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) <i>1435 Piedmont Drive E., Suite 202-4</i> City <i>FL</i> Zip Code
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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 *Robert J. Angerer, SR.* DATE *4/14/06*

(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGERER, ROBERT J SR 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300072188183 04/27/06--01008--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert J. Angerer, Sr.* DATE *4/14/06* DAYTIME PHONE # *880 576 5982*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE