## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L05000010225** 

1. Entity Name RJAFL, LLC



Principal Place of Business

Mailing Address

1435 PIEDMONT DRIVE EAST, SUITE 202-4 TALLAHASSEE, FL 32308

1435 PIEDMONT DRIVE EAST, SUITE 202-4 TALLAHASSEE, FL 32308

## FILED May 01, 2008 08:00 AN Secretary of State



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-2368742		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ANGERER, ROBERT J SR 1435 PIEDMONT DRIVE EAST, SUITE 202-4 TALLAHASSEE, FL 32308

## DO NOT WRITE IN THIS SPACE

			114 1	THO SI ACE		
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 Fiorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered	Agent signature required when reinstating)	DATE		
File After May	NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75			U00000941780 05/28/08-80120-011	138.75	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM  ANGERER, ROBERT J SR  1435 PIEDMONT DRIVE EAST, SUITE 202-4  TALLAHASSEE, FL 32308					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 1	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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:

NAME STREET ADDRESS City-St-ZIP

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/08

850-576-5982

Daytime Phone #