2008 LIMITED LIABILITY COMPANY

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TOF NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-7IP

FILED ANNUAL REPORT May 02, 2008 08:00 AN Secretary of State DOCUMENT # L05000011261 RJF VENTURES, LLC Principal Place of Business Mailing Address **2010 EDGEWATER DRIVE 2010 EDGEWATER DRIVE** ORLANDO, FL 32804 ORLANDO, FL 32804 CR2E083 (12/07) 01042008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4887258 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FRITZ, ROBERT J DO NOT WRITE 2010 EDGEWATER DRIVE ORLANDO, FL 32804 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOWN: FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE NAME FRITZ, ASHLIE 1116 OAKPOINT CIRCLE STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 MILE FRITZ, ROBERT MALE STREET ADDRESS 1116 OAKPOINT CIRCLE CITY-ST-ZIP APOPKA, FL 32712 MLE NAME

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 HAME OF CHICAG MANAGING MEMBER OR AUTHORITED REPRESENTATIVE