

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014547

FILED
Aug 09, 2007
Secretary of State

Entity Name: RLM INVESTMENTS OF JACKSONVILLE, L.L.C.

Current Principal Place of Business:

5521 HYDE GROVE AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5521 HYDE GROVE AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-2379600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BEECHER, NISSA A
5521 HYDE GROVE AVENUE
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MITCHELL, RICKY L
Address: P.O. BOX 41169
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM () Delete
Name: BEECHER, NISSA A
Address: P.O. BOX 41169
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MITCHELL, RICKY L
Address: 5521 HYDE GROVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM (X) Change () Addition
Name: BEECHER, NISSA A
Address: 5521 HYDE GROVE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NISSA A BEECHER

MGRM

08/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date