

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024232

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: RTJ PROPERTIES, L.L.C.

**Current Principal Place of Business:**

2215 SOUTHWEST 50TH LANE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2215 SOUTHWEST 50TH LANE  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-2623601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EICHER, TIM  
2215 SW 50TH LANE  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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: EICHER, TIM  
Address: 850 CORBETT AVE #5  
City-St-Zip: SAN FRANCISCO, CA 94131

Title: MGRM ( ) Delete  
Name: GILJUM, ROBERT  
Address: 136 ALPINE TERRACE  
City-St-Zip: SAN FRANCISCO, CA 94117

Title: MGRM ( ) Delete  
Name: EICHER, JOHN II  
Address: 2215 SOUTHWEST 50TH LANE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TIM EICHER

MGRM

01/29/2008

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