2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 06, 2006 8:00 am Secretary of State

	AIIIIQAL	17-1-0171				ecretai	ry ur Sta	ue
DOCUMENT # L05000058626 1. Entity Name RVJD ENTERPRISES, LLC					02-06-2006 901 69 046 ****50.00			
Principal Place of Business 2911 RED BUG LAKE ROAD CASSELBERRY, FL 32707		Mailing Address 2911 RED BUG LAKE ROAD CASSELBERRY, FL 32707		20005126				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State			4. FEI Numi 20-300			oplied For of Applicable
Zip	Country	Zip	Countr	у	5. Certificat	e of Status Desired	S5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New R	legistered Agent	
JOHNSON, SCOTT E ESQUIRE MORAN & SHAMS, P.A. 111 N. ORANGE AVÉNUE, SUITE 1200 ORLANDO, FL 32801			-	Street Address (hard Kerr Dycus, II Address (P.O. Box Number is Not Acceptable) 1 Red Bug Lake Rd.			
	named entity submits this statement for	the purpose of changing its	registered	Casselbe		oth, in the State of Flo	FL Zip Cox 3270 orida. I am familiar with	
SIGNATURE	,							<u></u>
	Signature, typéd or printed name of registered agent a	ind title if applicable. (NOTE:	: Registered	Agent signature required	when reinstating)	·	DATE	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State				
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD KERR DYCUS II 2911 RED BUG LAKE ROAD CASSELBERRY, FL 32707	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		1	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	I ADORESS			☐ Change	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: Richard K. Dycus, II
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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407-699-9511

Daytime Phone #