2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000060959

1. Entity Name RJB PROPERTY, LLC



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

2634 ROLLING BROAK DRIVE ORLANDO, FL 32837

Mailing Address

2634 ROLLING BROAK DRIVE ORLANDO, FL 32837



02182008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

| 4. FEI Number | | Applied For |
|----------------------------------|--------|----------------|
| 20-3032338 | 1 | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional |

6. Name and Address of Current Registered Agent

BOTTS, JEFFREY W 2634 ROLLING BROAK DRIVE ORLANDO, FL 32837

DO NOT WRITE 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. | (NOTE, Registered Agent signature required when reinstating) DATE | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOTTS, JEFFREY W 2634 ROLLING BROAK DRIVE ORLANDO, FL 32837 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOTTS, ROSELYN M 3219 BAYSHORE BLVD. NE ST. PETERSBURG, FL 33703 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NÂME STREET ADDRESS | | | |

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.

BOTTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE