


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90215 004 ****50.00

| | | | | | |
|---|---|--|--|---|---|
| DOCUMENT # L05000069273 | | | |  | |
| 1. Entity Name 312 RJP, LLC | | | | | |
| Principal Place of Business 1701 ARCH ST. TAMPA, FL 33607 | | | Mailing Address P.O. BOX 1162 SAN ANTONIO, FL 33576 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02252007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-3181830 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HINES, JAMES P JR 346 SOUTH HYDE PARK AVENUE TAMPA, FL 33608 | | | Name <u>ROY PIERCE</u> Street Address (P.O. Box Number is Not Acceptable) <u>1701 ARCH ST</u> City <u>TAMPA</u> FL Zip Code <u>33607</u> | | |
| 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 <u>[Signature]</u> DATE <u>4 MAR 07</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIERCE, MARIE 1701 ARCH ST TAMPA, FL 33609 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIERCE, ROY 1701 ARCH ST TAMPA, FL 33607 |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIERCE, MARIE 1701 ARCH ST TAMPA, FL 33607 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIERCE, MARIE 1701 ARCH ST TAMPA, FL 33607 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIERCE, MARIE 1701 ARCH ST TAMPA, FL 33607 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIERCE, MARIE 1701 ARCH ST TAMPA, FL 33607 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIERCE, MARIE 1701 ARCH ST TAMPA, FL 33607 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIERCE, MARIE 1701 ARCH ST TAMPA, FL 33607 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIERCE, MARIE 1701 ARCH ST TAMPA, FL 33607 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIERCE, MARIE 1701 ARCH ST TAMPA, FL 33607 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> Date <u>4 MAR 07</u> Daytime Phone # _____ | | | | | |