2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000072442

Entity Name: RNJ SERVICES, LLC

Current Principal Place of Business:

334 EAST LAKE ROAD
SUITE 161
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

334 EAST LAKE ROAD
SUITE 161
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 20-3211887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELLUCCI, RICHARD S
334 EAST LAKE ROAD
SUITE 161
PALM HARBOR, FL 34695 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:	VELLUCCI, RICHARD S	
Address:	334 EAST LAKE ROAD, SUITE 161	
City-St-Zip:	PALM HARBOR, FL 34685 US	
Title:	MGRM	( ) Delete
Name:	VELLUCCI, NANCY O	
Address:	334 EAST LAKE ROAD, SUITE 161	
City-St-Zip:	PALM HARBOR, FL 34685 US	
Title:	MGRM	(X) Delete
Name:	VELLUCCI, JOSHUA R	
Address:	334 EAST LAKE ROAD, SUITE 161	
City-St-Zip:	PALM HARBOR, FL 34685 US	

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: R S VELLUCCI MGR 04/30/2007

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