

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90073 033 ***138.75

DOCUMENT # L05000082143

1. Entity Name
STJ RPB VENTURE, LLC



Principal Place of Business
6530 WEST RODGERS CIRCLE, SUITE 31
BOCA RATON, FL 33487

Mailing Address
6530 WEST RODGERS CIRCLE, SUITE 31
BOCA RATON, FL 33487



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4755 Technology Way Ste. 202
Boca Raton, FL 33431-3338

4755 Technology Way Ste. 202
Boca Raton, FL 33431-3338

02062008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-3376738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEDER, SEAN M
6530 WEST RODGERS CIRCLE, SUITE 31
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

Street

4755 Technology Way Ste. 202

Boca Raton, FL 33431-3338

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME STJ MANAGEMENT, INC.
STREET ADDRESS 5630 WEST ROGERS CIR #81
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 4755 Technology Way Ste. 202
STREET ADDRESS Boca Raton, FL 33431-3338
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Sean Leder 5/18/08 561-995-7878