## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000089290

1. Entity Name RJJAMS, LLC

**608 FREDERICK AVENUE** DUNDEE, FL 33838

**FILED** Jan 26, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address P.O. BOX 1809 DUNDEE, FL 33838



DO NOT WRITE IN THIS SPACE

01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3590506

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKS, RICHARD G 608 FREDERICK AVENUE **DUNDEE, FL 33838** 

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of char<br>ions of registered agent. | nging its registered office or                               | registered agent, or both, in the Stat | e of Florida. I am familiar with, and accep |
|--|--|--|--|---|
| SIGNATURE_                             | Signature, typed or printed name of registered agent and title if applicable             | (NOTE: Registered Agent signature required when reinstating) |  | DATE  |
| Fi<br>De                               | iling Fee is \$50.00<br>ue by May 1, 2007  |  |  | 0000605005<br>/07-80018-021 50.00           |
| 9.                                     | MANAGING MEMBERS/MANAGERS  |  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM DICKS, RICHARD G 608 FREDERICK AVENUE DUNDEE, FL 33838                              |  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ·  |  | DO NOT                                 | WRITE                                       |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP  |  |  | IN THIS                                | SPACE                                       |
| TITLE NAME STREET ADDRESS CITY ST. 719 |  |  |  |   |

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 of the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZIP