

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102713

Entity Name: RJT OPERATIONS 1, L.L.C.

FILED
Mar 13, 2007
Secretary of State

Current Principal Place of Business:

996 CENTRAL AVENUE
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

4499 CORPORATE SQUARE
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0787958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RICHARD
6771 BOTTLEBRUSH LANE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

JOHNSON, RICHARD A SR
6771 BOTTLEBRUSH LANE
NAPLES, FL 34109 US

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: RICHARD A JOHNSON SR

03/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, RICHARD
Address: 6771 BOTTLEBRUSH LANE
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM () Delete
Name: JOHNSON, ROSIE
Address: 6771 BOTTLEBRUSH LANE
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, RICHARD A SR
Address: 6771 BOTTLEBRUSH LANE
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM (X) Change () Addition
Name: JOHNSON, ROSIE A
Address: 6771 BOTTLEBRUSH LANE
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD A JOHNSON SR

MGRM

03/13/2007

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