

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000107588

1. Entity Name
RTJ OF HORSESHOE BEACH, LLC



Principal Place of Business
**162 MEADOW LARK LANE
MONTICELLO, FL 32344 US**

Mailing Address
**PO BOX 413
MONTICELLO, FL 32345 US**



02282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3749350

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANASA, TOM
162 MEADOW LARK LANE
MONTICELLO, FL 32344**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MANASA, TOM
STREET ADDRESS	162 MEADOW LARK LANE
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	MGR
NAME	MANASA, RONALD
STREET ADDRESS	1057 QUAIL LANE
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	MGR
NAME	MANASA, JOHN
STREET ADDRESS	21850 SW 188 AVENUE
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000667601
03/26/07-80035-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Thomas Manasa

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

3/9/07

Date

Daytime Phone # _____