


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
---	---

DO NOT WRITE IN THIS SPACE



02282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3749350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

DO NOT WRITE IN THIS SPACE

U00000667601
 03/26/07-80035-001 50.00

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* 3/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #