

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-09-2008 90061 017 ***138.75

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

30009370



03032008 No Chg-LLC

CR2E083 (12/07)

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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

Tom Manasa

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	

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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: *Tom Manasa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/30/08
Date

Daytime Phone #