

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107588

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: RTJ OF HORSESHOE BEACH, LLC

**Current Principal Place of Business:**

162 MEADOW LARK LANE  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 413  
MONTICELLO, FL 32345 US

**New Mailing Address:**

FEI Number: 20-3749350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MANASA, TOM  
Address: 162 MEADOW LARK LANE  
City-St-Zip: MONTICELLO, FL 32344 US

Title: MGR ( ) Delete  
Name: MANASA, RONALD  
Address: 1057 QUAIL LANE  
City-St-Zip: MONTICELLO, FL 32344 US

Title: MGR ( ) Delete  
Name: MANASA, JOHN  
Address: 21650 SW 188 AVENUE  
City-St-Zip: MIAMI, FL 33170 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS MANASA

MGR

04/30/2009

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