

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000108463**

1. Entity Name  
PRJRI, LLC



Principal Place of Business  
3906 SANTIAGO STREET  
SEBRING, FL 33872 US

Mailing Address  
3906 SANTIAGO STREET  
SEBRING, FL 33872 US



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3794873

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JENSEN, PAULINE R  
3906 SANTIAGO STREET  
SEBRING, FL 33872

**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**

000000778914  
01/11/08-80016-016 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME JENSEN, PAULINE R  
STREET ADDRESS 3906 SANTIAGO STREET  
CITY-ST-ZIP SEBRING, FL 33872

TITLE MGR  
NAME JENSEN, DAVID  
STREET ADDRESS 2581 LAKEVIEW DRIVE  
CITY-ST-ZIP SEBRING, FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

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:** *David Jensen* David Jensen

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

1/7/08 863453-9700

Date

Daytime Phone #