2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# L05000112843

Entity Name: RJO LLC

Current Principal Place of Business:

4855 JOE OVERSTREET ROAD
KEENENSVILLE, FL 347399794

New Principal Place of Business:

4855 JOE OVERSTREET ROAD
KENANSVILLE, FL 347399794

Current Mailing Address:

4855 JOE OVERSTREET ROAD
KEENENSVILLE, FL 347399794

New Mailing Address:

4855 JOE OVERSTREET ROAD
KENANSVILLE, FL 347399794

FEI Number: 26-1867409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

OVERSTREET, SHARON
4855 JOE OVERSTREET ROAD
KENANSVILLE, FL 34739 US

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: SHARON OVERSTREET 02/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: OVERSTREET, RAWLINS J
Address: 4855 JOE OVERSTREET ROAD
City-St-Zip: KENANSVILLE, FL 34739

Title: VP ( ) Change (X) Addition
Name: OVERSTREET, SHARON C
Address: 4855 JOE OVERSTREET ROAD
City-St-Zip: KENANSVILLE, FL 34739

I hereby certify that the information supplied with this filing does not qualify for the 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: RAWLINS J OVERSTREET PRES 02/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date