


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000118528  
 1. Entity Name  
 RJB ESPLANADE LLC



Principal Place of Business      Mailing Address  
 516 LAKEVIEW RD. VILLA III      516 LAKEVIEW RD. VILLA III  
 CLEARWATER, FL 33756              CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**



03202008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 41-2201649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BANKS, ROBERT J  
 516 LAKEVIEW RD. VILLA III  
 CLEARWATER, FL 33756

**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 re-registering)

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

U00000896208  
 04/24/08-80038-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERT J. BANKS HOLDINGS . L.L.C. 516 LAKEVIEW RD. VILLA III CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *RJB*      4/17/08      727-258-8930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #