


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90515 045 \*\*\*138.75

DOCUMENT # L06000009941																																					
1. Entity Name <b>RDDJ, LLC</b>																																					
Principal Place of Business <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>			Mailing Address <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>																																		
2. Principal Place of Business - No P.O. Box # <b>202 BROADWAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>202 BROADWAY</b> Suite, Apt. #, etc.																																			
City & State <b>KISSIMMEE FLORIDA</b> Zip <b>34741</b> Country <b>US</b>		City & State <b>KISSIMMEE, FLORIDA</b> Zip <b>34741</b> Country <b>US</b>		04042008 Chg-LLC CR2E083 (12/06)																																	
4. FEI Number <b>41-2193944</b>				Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>PARSONS, DALE H 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>																																	
7. Name and Address of New Registered Agent Name <b>DALE H. PARSONS</b> Street Address (P.O. Box Number is Not Acceptable) <b>202 BROADWAY</b> City <b>KISSIMMEE</b> FL <b>34741</b>				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 <b>4-23-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>MGRM PARSONS, DALE H 8 BROADWAY KISSIMMEE, FL 34741</b> <input type="checkbox"/> Delete           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PARSONS, DALE H 8 BROADWAY KISSIMMEE, FL 34741</b> <input type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>202 BROADWAY KISSIMMEE FL 34741</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>202 BROADWAY KISSIMMEE FL 34741</b>														
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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:  Date <b>4/23/08</b> Daytime Phone # <b>407-847-4700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																					