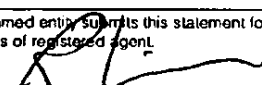
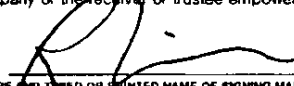


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/1

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-13-2007 90036 011 ****50.00

DOCUMENT # L06000021977 1. Entity Name RGAJAX LLC					
Principal Place of Business 4745 SUTTON COURT, SUITE 202 JACKSONVILLE FL 32224			Mailing Address 4745 SUTTON COURT, SUITE 202 JACKSONVILLE FL 32224		
2. Principal Place of Business - No P.O. Box # 9191 RG Skinner, #502		3. Mailing Address Same as place of business			
Suite, Apt. #, etc. 502		Suite, Apt. #, etc. business			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 265-04-7312-554	
Zip 32256		Country DVRA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GILES, WILLIAM R JR. 4745 SUTTON COURT, SUITE 202 JACKSONVILLE FL 32224				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 9191 RG Skinner pkwy #502 City Jax State FL Zip Code 32256	
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 4/2/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GILES, WILLIAM R JR. 4745 SUTTON COURT, SUITE 202 JACKSONVILLE FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9191 RG Skinner pkwy #502 JAX, FL 32256	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 4/2/07 Daytona Phone # 904-821-5300		