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	Mailing Address
~~4745 SUTTON COURT, SUITE 202~~ JACKSONVILLE ~~FL 32224~~	4745 ~~SUTTON~~ COURT, SUITE 202 JACKSONVILLE ~~FL 32224~~

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9191 RG Skinner, #502	Same as place of business
Suite, Apt. #, etc. 502	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State
Zip 32256 Country Duval	Zip Country

4. FEI Number ~~265-04-7312~~ 55# Only — ☐ Applied For ☒ Not Applicable

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 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 [signature] 4/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Address #502 Jax, FL 32256 ☒ 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: [signature] 4/2/07 904-821-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #