## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 22, 2008 8:00 am Secretary of State 02-22-2008 90037 048 \*\*\*138.75

DOCUMENT # L06000021977 RGAJAX LLC  Principal Price of Business 9191 RG SUNNER 9502 9191 RG	ANNOAL REPORT						Scereiary or State				
9191 RG SKINNER	1. Entity Nam	ne				_					
# 502   MCKSONVILLE, FL 32256   MCKSONVILLE, FL 32256	Principal Place of Business Mailing Address					7					
# 502   MCKSONVILLE, FL 32256   MANAGERS   10. Marting Address   Make Change   Make Ch	9191 RG SKINNER		-								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address   Sute, Apt. #, etc.   Suite, Apt. #, etc.   City & State   Oby 8. State   Oby 8. State   City & State   Oby 8. State	#502		#502								
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To Country Zip Country S. Certificate of Status Desired						1	• .		` '		
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GILES WILLIAM R. R. 9191 RG SKINNER #\$502 JACKSONVILLE, FL 32256  The above remed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of registered agent, or both, in the State of Fonda. I am Familiar hand accept the obligations of Fonda. I am Familiar hand accept the obligati	Zip		<u></u>	Cour	ntry	5. Certificate o	f Status Desired				
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered A	\gent		
SIGNATURE    Street Address (P.O. Box Number is Not Acceptable)	CILED MA	ILLIAM D. ID			Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ronds. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Chy	9191 RG 9			Street Address		(P.O. Box Number	is Not Acceptable	)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Change	JACKSON	VILLE, FL 32256									
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE