

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023685

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: RD2J L.L.C.

**Current Principal Place of Business:**

622 N.W. 11TH STREET  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

622 N.W. 11TH STREET  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: MOBLEY, RALPH  
Address: 622 N.W. 11TH STREET  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete  
Name: MOBLEY, RALPH  
Address: 622 N.W. 11TH STREET  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T ( ) Delete  
Name: MOBLEY, DEBRA  
Address: 622 N.W. 11TH STREET  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH MOBLEY

MGRM

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date