2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L06000040374

FURI 31. LUCIE, F	L 34700	7 ON 31. EUCLE, 71 34980					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc).	Suite, Apt. #, etc. City & State					
City & State							
Zip	Country	Zip	Country				

FILED Aug 20, 2007 8:00 am Secretary of State 07-31-2007 90002 018 ****50.00

1. Entity Name RJRR FAMILY HOLDINGS, L.L.C.									
Principal Place of Business Mailing Address					_				
7210 RESERVE CREEK DRIVE PORT ST. LUCIE, FL 34986		7210 RESERVE CREEK DRIVE PORT ST. LUCIE, FL 34986			3001	2371	11 77 1 (31 1 7 1 1		
2. Principal Place of Business - No P.O. Box #		Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07192007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			4. FEI Numb	550932) h	Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificate of Status Desired Status Desired Fee Required			
	6. Name and Address	of Current R	egistered Agent Name		7. Name and Address of New Registered Agent				
DEC CONSULTANTS, INC. 1515 INDIAN RIVER BOULEVARD, SUITE A 210 VERO BEACH, FL 32960-7103			Street Address (P.O. Box Number is Not Acceptable)						
					City			FL Zip Co	
	named entity submits this ions of registered agent.	statement for t	the purpose of changing its	s register	ed office or registe	red agent, or bo	oth, in the State of Fl	orida. I am familiar witi	n, and accept
SIGNATURE .	Signature, typed or printed name of	regislered agent an	d litte il applicable. (NO)	TE: Registere	d Agent signature require	ed when reinstating)		DATE	
Filing Fee is \$50.00 Due by September 14, 2007							ke check payable to a Department of Sta		
9.		ING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODY, RONALD H 7210 RESERVE CREI PORT ST. LUCIE, FL	EK DRIVE	□ Delete					☐ Change	e Addition
TITLE NAME STREET ADDRESS	MGRM WOODY, RONALD H 7210 RESERVE CRE	EK DRIVE	☐ Delete	TITL NAM SIRI	1			☐ Chang	Addition
CITY-ST-ZIP	PORT ST. LUCIE, FL.	34986			-ST-ZIP				
NAME STREET ADDRESS CITY - ST-ZIP			☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Chang	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	•	l l		·	☐ Chang	a 🗍 Addilion
indicated	certify that the information d on this report is true and a ability company or the rece	accurate and t	that my signature shall have	e the sam	ne legal effect as if	made under oa	th; that I am a man	further certify that the is aging member or mana	nformation iger of the

7/26/07 MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE