


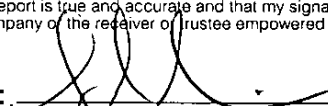
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 31 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000042789					
1. Entity Name RDATJF 1001 LLC					
Principal Place of Business 4711 34TH STREET N UNIT D SAINT PETERSBURG, FL 33714-3060			Mailing Address 4711 34TH STREET N UNIT D SAINT PETERSBURG, FL 33714-3060		
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	4. FEI Number	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAUDINEER, JON 4711 34TH STREET N UNIT D SAINT PETERSBURG, FL 33714-3060				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUDINEER, JON		NAME		
STREET ADDRESS	4711 34TH STREET N UNIT D		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337143060		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYHEW, MICHAEL K		NAME		
STREET ADDRESS	4711 34TH STREET N UNIT D		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337143060		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARINELLI, FRANK		NAME		
STREET ADDRESS	4711 34TH STREET N UNIT D		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337143060		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OBERDING, JACK		NAME		
STREET ADDRESS	4711 34TH STREET N UNIT D		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337143060		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Jon Gaudineer		4/26/07 727-525-5045	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	