

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057974

Entity Name: RDMJ, LLC

FILED
Jul 04, 2007
Secretary of State

Current Principal Place of Business:

13017 SAN MATEO AVENUE
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

13017 SAN MATEO AVENUE
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number: 20-4988263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GUTTENMACHER, EDWARD P
7301 SW 57 COURT, SUITE 560
SOUTH MIAMI, FL 33143 US

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: MGR () Delete
Name: CURTIS KUPPER, RANDY TRUSTEE
Address: 13017 SAN MATEO AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: MGR () Delete
Name: JEAN KUPPER, DONNA TRUSTEE
Address: 13017 SAN MATEO AVENUE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KUPPER, RANDY C TRUSTEE
Address: 13017 SAN MATEO AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: MGR (X) Change () Addition
Name: KUPPER, DONNA J TRUSTEE
Address: 13017 SAN MATEO AVENUE
City-St-Zip: CORAL GABLES, FL 33156

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: RANDY KUPPER

MGR

07/04/2007

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