

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90085 048 \*\*\*\*55.00

**DOCUMENT # L06000069425**

1. Entity Name

RJJ CONSTRUCTION, LLC



Principal Place of Business

6323 PALM COURT  
PANAMA CITY BEACH FL 32408  
US

Mailing Address

6323 PALM COURT  
PANAMA CITY BEACH FL 32408  
US

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

20-5192987

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

WILLIAMS, JACK G  
502 HARMON AVENUE  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCAPEROTTA, JOE	
STREET ADDRESS	6323 PALM COURT	
CITY- ST- ZIP	PANAMA CITY BEACH FL 32408	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	REHONIC, JOE	
STREET ADDRESS	6323 PALM COURT	
CITY- ST- ZIP	PANAMA CITY BEACH FL 32408	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THOMPSON, RUSSELL	
STREET ADDRESS	6323 PALM COURT	
CITY- ST- ZIP	PANAMA CITY BEACH FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*JOE REHONIC*

1-25-07

850 527 9926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Print the Phone #