2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

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

1. Entity Nan	MENT # L0600008395	66		FILED			
RDJ DEVELOPMENT LLC				0;	7 SEP 21 PH 12		
Principal Place of Business Mailing Address					ET PA12	:49	
146 COASTAL HWY. PANACEA FL 32346 US		P.O.BOX 556 PANACEA FL 32346 US			ECHETARY OF ST		
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2nd MOORE	CR2E083 (4/07)	,	
City & State		City & State		4. FEI Number	-	oplied For or Applicable	
Zìp	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Add		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
				Name			
JORDAN, TIMOTHY R 146 COASTAL HWY. PANACEA FL 32346			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code	e	
SIGNATURE September 1 September 1 State September 1 September 1 State Signature, typed or prattict near Constitution (NOTE Registered Agent september 1 State) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007							
9.	MANAGING MEMBE		10.	ADDITIONS	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODDENBERRY, JAMES R 125 SHELDON ST. SOPCHOPPY FL 32358	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	5001095 09/18/0701060-	□ Change 91175 -019 **50.00	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICKSON, WALTER B 12 JER-BE-LOU BLVD. PANACEA FL 32346	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP	MGRM JORDAN, TIMOTHY R 146 COASTAL HWY PANACEA FL 32346	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated	certify that the information supplied with don this report is true and accurate and ability company or the receiver or trustee	that my signature shall have the	ne same legal effect as if	made under oath; that I am a mana	rurther certify that the info iging member or manage	rmation or of the	

Daylime Phone #