

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

06-06-2008 90104 013 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                            |                                                                                                                                                                  |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000083956</b><br>1. Entity Name<br><b>RDJ DEVELOPMENT LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                            |                                                                                                                                                                  |  |  |
| Principal Place of Business<br><b>146 COASTAL HWY.<br/>PANACEA, FL 32346 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                            | Mailing Address<br><b>P.O. BOX 556<br/>PANACEA, FL 32346 US</b>                                                                                                  |                                                                                   |  |
| 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<br><b>75-3226778</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                            |                                                                                                                                                                  | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JORDAN, TIMOTHY R<br/>146 COASTAL HWY.<br/>PANACEA, FL 32346</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                                                                            |                                                                                                                                                                  |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice. |                                                                                                                                                                  | Make check payable to<br>Florida Department of State                              |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                                                                            | 10. ADDITIONS/CHANGES                                                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>RODDENBERRY, JAMES R<br>125 SHELDON ST.<br>SOPCHOPPY, FL 32358 | <input type="checkbox"/> Delete                                                                            |                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>DICKSON, WALTER B<br>12 JER-BE-LOU BLVD.<br>PANACEA, FL 32346  | <input type="checkbox"/> Delete                                                                            |                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>JORDAN, TIMOTHY R<br>146 COASTAL HWY<br>PANACEA, FL 32346      | <input type="checkbox"/> Delete                                                                            |                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                                                                                            |                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                                                                                            |                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                                                                                            |                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                                                                                            |                                                                                                                                                                  |                                                                                   |  |
| 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                        |                                                                                                            |                                                                                                                                                                  |                                                                                   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                            |                                                                                                                                                                  |                                                                                   |  |

**30010394**



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# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|                                                                                                                                                                                                                                         |                |                                                                                                                                         |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>DOCUMENT # L06000083956</b>                                                                                                                                                                                                          |                |                                                        |                |
| <b>1. Entity Name</b><br>RDJ DEVELOPMENT LLC                                                                                                                                                                                            |                |                                                                                                                                         |                |
| <b>Principal Place of Business</b><br>148 COASTAL HWY.<br>PANACEA, FL 32346 US                                                                                                                                                          |                | <b>Mailing Address</b><br>P.O. BOX 556<br>PANACEA, FL 32346 US                                                                          |                |
| <b>2. Principal Place of Business - No P.O. Box ?</b>                                                                                                                                                                                   |                | <b>3. Mailing Address</b>                                                                                                               |                |
| <b>Subs. Apt. #, etc.</b>                                                                                                                                                                                                               |                | <b>Subs. Apt. #, etc.</b>                                                                                                               |                |
| <b>City &amp; State</b>                                                                                                                                                                                                                 |                | <b>City &amp; State</b>                                                                                                                 |                |
| <b>Zip</b>                                                                                                                                                                                                                              | <b>Country</b> | <b>Zip</b>                                                                                                                              | <b>Country</b> |
| <b>4. FEI Number</b><br>75-3226778                                                                                                                                                                                                      |                | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required                                         |                |
| <b>6. Name and Address of Current Registered Agent</b><br>JORDAN, TIMOTHY R<br>148 COASTAL HWY.<br>PANACEA, FL 32346                                                                                                                    |                | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                |
| <b>8. The above named entity certifies 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.</b> |                |                                                                                                                                         |                |
| <b>SIGNATURE</b><br>Signature of New Registered Agent (Required for Change of Registered Agent)<br>Signature of Registered Agent (Required for Change of Office)<br>Date                                                                |                |                                                                                                                                         |                |
| <b>9. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                  |                | <b>10. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>11. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>12. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>13. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>14. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>15. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>16. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>17. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>18. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>19. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>20. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>21. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>22. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>23. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>24. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>25. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>26. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>27. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>28. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>29. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>30. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>31. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>32. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>33. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>34. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>35. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>36. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>37. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>38. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>39. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>40. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>41. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>42. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>43. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>44. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>45. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>46. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>47. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>48. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>49. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>50. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>51. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>52. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>53. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>54. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>55. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>56. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>57. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>58. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>59. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>60. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>61. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>62. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>63. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>64. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>65. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>66. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>67. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>68. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>69. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>70. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>71. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>72. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>73. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>74. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>75. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>76. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>77. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>78. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>79. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>80. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>81. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>82. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>83. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>84. This statement is true and correct as of the date of filing.</b>                                                                 |                |
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| <b>87. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>88. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>89. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>90. This statement is true and correct as of the date of filing.</b>                                                                 |                |
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| <b>93. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>94. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>95. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>96. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>97. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>98. This statement is true and correct as of the date of filing.</b>                                                                 |                |
| <b>99. This statement is true and correct as of the date of filing.</b>                                                                                                                                                                 |                | <b>100. This statement is true and correct as of the date of filing.</b>                                                                |                |

ATTACHMENT  
30010394

SIGNATURE: *Walter A. Dickson*