


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90119 014 ***138.75

DOCUMENT # L06000106408	
1. Entity Name LRJM, LLC	


Principal Place of Business 10237 PEOPLES LOOP PORT RICHEY, FL 34668	Mailing Address 10237 PEOPLES LOOP PORT RICHEY, FL 34668
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2. Principal Place of Business - No P.O. Box # 1110 WELLINGTON WAY	3. Mailing Address 1110 WELLINGTON WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SAFETY HARBOR, FL	City & State SAFETY HARBOR, FL
Zip 34695	Country US
City & State SAFETY HARBOR, FL	City & State SAFETY HARBOR, FL
Zip 34695	Country US

6. Name and Address of Current Registered Agent FRANKENBERG, DON R 28163 US HWY 19 N, SUITE 204 CLEARWATER, FL 33761	
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60040001



05082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5835296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name ROBERT MELI	
Street Address (P.O. Box Number is Not Acceptable) 1110 WELLINGTON WAY	
City SAFETY HARBOR	FL Zip Code 34695

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 Robert Meli ROBERT MELI 5/8/08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUNDY, MICHAEL J SR 10237 PEOPLES LOOP PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT MELI 1110 WELLINGTON WAY SAFETY HARBOR, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE Robert Meli ROBERT MELI 5/8/08 727-726-1566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #