

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000137

FILED  
May 29, 2008  
Secretary of State

Entity Name: RJR GROUP, LLC

**Current Principal Place of Business:**

34770 ORCHID PARKWAY  
RIDGE MANOR, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 906  
LACOOCHEE, FL 33537

**New Mailing Address:**

FEI Number: 20-8219545      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

INCRP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470      US

**Name and Address of New Registered Agent:**

RITZ, RONALD H  
34770 ORCHID PARKWAY  
RIDGE MANOR, FL 33523      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: RONALD H RITZ

05/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RITZ, RONALD  
Address: PO BOX 906  
City-St-Zip: LACOOCHEE, FL 33537

Title: MGR      ( ) Delete  
Name: RITZ, JOANNE  
Address: PO BOX 906  
City-St-Zip: LACOOCHEE, FL 33537

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOANNE RITZ

MGR

05/29/2008

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