

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90122 021 ***138.75



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DOCUMENT # L07000037393			
1. Entity Name RJ AIR LLC			
Principal Place of Business 501 BLUE LAKE DRIVE LONGWOOD, FL 32779		Mailing Address 501 BLUE LAKE DRIVE LONGWOOD, FL 32779	
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

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-3962482	Applied For <input type="checkbox"/> Not Applicab
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name ROBERT BRIAN REICHE Street Address (P.O. Box Number is Not Acceptable) 501 BLUE LAKE DRIVE City LONGWOOD FL Zip Code 32779	
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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]* ^{mca} **Robert B. Reiche** DATE **1/19/08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REICHE, ROBERT BRIAN 501 BLUE LAKE DRIVE LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHIEDEL, GERALD FRED 501 BLUE LAKE DRIVE LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 *[Signature]* ^{mca} **Robert B. Reiche** **1/19/08** **40781675389**