2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
02-22-2008 90038 023 ***138.75

DOCUMENT # L07000046727

1. Entity Name
R J OF SARASOTA, LLC

Principal Place of Business	Mailing Address
1717 2ND ST STE D SARASOTA, FL 34236	1717 2ND ST STE D SARASOTA, FL 34236

30004611

02182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9623 SEA TURTLE TERRACE	9623 SEA TURTLE TERRACE
Suite, Apt. #, etc.: 202	Suite, Apt. #, etc.: 202
City & State: SARASOTA, FLORIDA	City & State: SARASOTA, FLORIDA
Zip: 34212 Country:	Zip: 34212 Country:

4. FEI Number 20-8955928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ROWLAND III
1717 2ND ST
STE D
SARASOTA, FL FL

7. Name and Address of New Registered Agent

Name: ROWLAND JONES III
Street Address (P.O. Box Number is Not Acceptable): 9623 SEA TURTLE TERRACE #202
City: SARASOTA FL Zip Code: 34212

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 ______________________ 2/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	JONES, ROWLAND III		NAME		
STREET ADDRESS	1717 2ND ST STE D		STREET ADDRESS	9623 SEA TURTLE TERRACE #202	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA FLORIDA 34212	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________ 2/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #