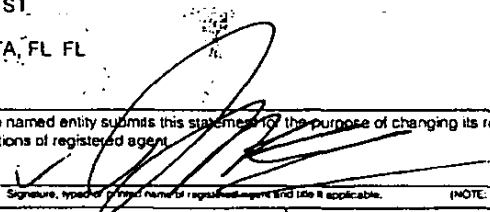
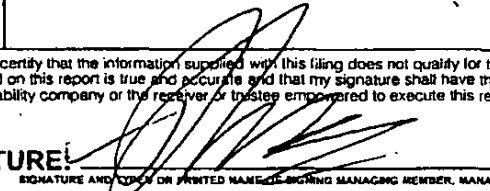


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 1717 2ND ST STE D SARASOTA, FL 34236		Mailing Address 1717 2ND ST STE D SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 9623 SEA TURTLE TERRACE		3. Mailing Address 9623 SEA TURTLE TERRACE	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202	
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA	
Zip 34212		Zip 34212	
Country		Country	
5. 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  DATE 2/20/08 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	MGRM JONES, ROWLAND III 1717 2ND ST STE D SARASOTA, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	9623 SEA TURTLE TERRACE #202 SARASOTA FLORIDA 34212 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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  DATE 2/20/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30004411



02182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8955928 Applied For Not Applicable

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