## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 22, 2008 8:00 am Secretary of State **DOCUMENT # L07000066247** 05-22-2008 90516 002 \*\*\*138 75 1. Entity Name RJA 4, LLC Principal Place of Business Mailing Address 60043925 1435 PIEDMONT DRIVE EAST, STE. 202-2 1435 PIEDMONT DRIVE EAST, STE. 202-2 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 CR2E083 (12/06) Chg-LLC St 202-4 X202-4 City & State City & State 4. FEI Number Applied For 26-042*8676* Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANGERER, ROBERT J SR. Street Address (P.O. Box Number is Not Acceptable) 1435 PIEDMONT DRIVE EAST, STE. 202-2 TALLAHASSEE, FL 32308 Zip Code City FL 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MARM Addition TITLE TITLE ☐ Change ☐ Delete Angerer, Robert J., Sr. 1435 Piedmont Dr. East, Ste 2024 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32308 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Channe ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filling 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 of execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME

FILED