

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

02-13-2008 90064 014 ***138.75

FILED L07000070566

2008 MAR -4 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/07)

DOCUMENT # L07000070566 1. Entity Name RJDMWD, LLC																													
Principal Place of Business 610 SW OVERLOOK DRIVE STUART FL 34994 US			Mailing Address 610 SW OVERLOOK DRIVE STUART FL 34994 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number Applied For ☒ Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent DUNGEY, RICHARD J 3473 SE WILLOUGHBY BOULEVARD STUART FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent's Signature Required When Changing) _____ 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%; text-align: right;">Delete ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Delete ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Delete ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Delete ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Delete ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Delete ☐</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete ☐	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%; text-align: right;">Change ☐ Addition ☒</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Change ☐ Addition ☒</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Change ☐ Addition ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Change ☐ Addition ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Change ☐ Addition ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Change ☐ Addition ☐</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☒	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☒	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: RICHARD J. DUNGEY. 2/5/08 772-287-4444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													