

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112570

Entity Name: RJ3 SWFL LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

13100 WESTLINKS TERRACE
SUITE 12
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

13100 WESTLINKS TERRACE
SUITE 12
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 26-1369780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEINGOLD & KAM
5100 PGA BLVD. 2ND FLOOR
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SLOAN, PAUL A
Address: PO BOX 35287
City-St-Zip: SARASOTA, FL 34242

Title: MGRM () Delete
Name: RJ3 PARTNERS LLC,
Address: 401 COMMERCIAL CT., SUITE C
City-St-Zip: VENICE, FL 34292

Title: MGRM () Delete
Name: AKT PARTNERS LLC,
Address: 401 COMMERCIAL CT., SUITE C
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FLORIDA PAIN MANAGEM, ENT SEVICES LL C
Address: 401 COMMERCIAL CT., SUITE C
City-St-Zip: VENICE, FL 34292

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL SLOAN

MGR

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date