


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90516 003 ***138.75

DOCUMENT # L07000118603

1. Entity Name
RJA 3, LLC



Principal Place of Business
**1435 PIEDMONT DRIVE EAST, SUITE 202-2
TALLAHASSEE, FL 32308**

Mailing Address
**1435 PIEDMONT DRIVE EAST, SUITE 202-2
TALLAHASSEE, FL 32308**

60043924



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
Suite 202-4

3. Mailing Address
Suite, Apt. #, etc.
Suite 202-4

04092008 Chg-LLC CR2E083 (12/06)

City & State
Tallahassee, FL

4. FEI Number
26-1484460

Applied For
 Not Applicable

Zip
32308

Country
USA

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

6. Name and Address of Current Registered Agent

**ANGERER, ROBERT J SR
1435 PIEDMONT DRIVE EAST, SUITE 202-2
TALLAHASSEE, FL 32308**

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 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGERER, ROBERT J SR 1435 PIEDMONT DRIVE EAST, SUITE 202-2 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert J. Angerer, Sr **4/30/08** **850.576.5982**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #