
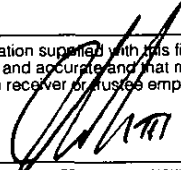


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90079 050 \*\*\*\*50.00

<b>DOCUMENT # L96000000816</b> 1. Entity Name <b>RJM SALES, LLC</b>					
Principal Place of Business <b>1830 SE 4TH AVE. FORT LAUDERDALE, FL 33316</b>			Mailing Address <b>1830 SE 4TH AVE. #100 FORT LAUDERDALE, FL 33316</b>		
2. Principal Place of Business - No P.O. Box # <b>1619 SE 13 ST.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>1326 SE 17 ST. #523</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>FT Lauderdale FL</b>		City & State <b>FT Lauderdale FL</b>		4. FEI Number <b>65-0685712</b>	
Zip <b>33316</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEWTON, JOHN ROBERT III 1619 S.E. 13TH STREET FORT LAUDERDALE, FL 33316</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM NEWTON, JOHN ROBERT III 1619 S.E. 13TH STREET FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KOCH, NEWTON & PARTNERS, SL CALLE PORTO PI, 459 PALMA DE MALLORCA, 07015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>3/1/2007</b>    <b>954 791 2600</b>  <small>Date Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					