2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 07, 2008 8:00 am Secretary of State **DOCUMENT # L99000000170** 05-07-2008 90022 032 ***143.75 1. Entity Name RJSS ORLANDO, L.L.C. Principal Place of Business Mailing Address 60040103 3850 S. BANANA RIVER BLVD. 3850 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc 04252008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 59-3562481 Not Applicable Country Zip Country Zip \$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 MORIARTY, EDWARD L Street Address (P.O. Box Number is Not Acceptable) 3850 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Delete TITLE ☐ Change Addition TITLE MORIARTY, EDWARD L NAME NAME HARVEY, DEBRA A STREET ADDRESS 3850 S. BANANA RIVER BLVD. STREET ADDRESS 3550 S BAYANA RIVER BLVD COCOA BEACH, FL 32931 CITY-ST-ZIP CITY-ST-ZIF COCOA BEACH FL 32931 ☐ Change MGR TITLE ☐ Delete TITLE ☐ Addition DIMENNA, RONALD E NAME NAME STREET ADDRESS 3850 S. BANANA RIVER BLVD. STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP COCOA BEACH, FL 32931 Delete ☐ Change ☐ Addition TITLE TITLE YOUNGS, JACQUELINE G NAME NAME 3850 S. BANANA RIVER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH, FL 32931 ☐ Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not gratify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is free 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 mustee employeered to execute this report as required by Chapter 608, Florida Statutes.

Debra A Harven

SIGNATURE

FILED