2002 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2002 8:00 am DOCUMENT # M0100001497 **Secretary of State** 1. Entity Name 03-20-2002 90008 015 ****50.00 RJT INVESTMENTS, LLC Principal Place of Business Mailing Address 247 N. COLLIER BOULEVARD 247 N. COLLIER BOULEVARD MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 52-2276803 Not Applicable Zip Country Zip Country \$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 Name MORRIS, WILLIAM G ESQ. Street Address (P.O. Box Number is Not Acceptable) 247 N. COLLIER BOULEVARD MARCO ISLAND FL 34145 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. CR2E083 (9/01) TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME TARNO, RUBEN NAME STREET ADDRESS STREET ADDRESS 1841 FOOTHILLS DRIVE CITY-ST-ZIP CITY-ST-7IP **HUNTINGRON VALLEY PA 19006** ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Addition

Addition

Change

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TARNO-MANAGER-2-6-02-

Delete

Delete

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP