

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90045 031 ****50.00

DOCUMENT # M01000001497

1. Entity Name
RJT INVESTMENTS, LLC



Principal Place of Business
247 N. COLLIER BOULEVARD
MARCO ISLAND, FL 34145

Mailing Address
247 N. COLLIER BOULEVARD
MARCO ISLAND, FL 34145

20040270



2. Principal Place of Business
217 N. COLLIER BLVD.
Suite, Apt. #, etc.
MARCO ISLAND-FL.

3. Mailing Address
Suite, Apt. #, etc.

01062005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
52-2276803

Applied For
Not Applicable

Zip
34145

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G ESQ.
247 N. COLLIER BOULEVARD
MARCO ISLAND, FL 34145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TARNO, RUBEN
STREET ADDRESS 1841 FOOTHILLS DRIVE
CITY-ST-ZIP HUNTINGTON VALLEY, PA 19006

TITLE MGR ☐ Delete
NAME TARNO, JILL S
STREET ADDRESS 1841 FOOTHILLS DRIVE
CITY-ST-ZIP HUNTINGTON VALLEY, PA 19006

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Ruben Tarno* Ruben TARNO 2-11-05 215-457-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #