


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90372 009 ***138.75

DOCUMENT # M05000002281

1. Entity Name
ARJ HOLDINGS, LLC



Principal Place of Business PMB 125 5436 FRUITVILLE RD SARASOTA, FL 34232-6403	Mailing Address PMB 125 5436 FRUITVILLE RD SARASOTA, FL 34232-6403
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50005942



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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04152008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
**BEN-ARIE, REUBEN
 4961 GARDINERS BAY
 SARASOTA, FL 34238**

7. Name and Address of New Registered Agent

Name **BEN-ARIE, REUBEN**

Street Address (P.O. Box Number is Not Acceptable)
8981 ROCKY LAKE COURT

City **SARASOTA** FL Zip Code **34238**

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	MGR BEN-ARIE, REUBEN 4961 GARDINERS BAY SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEN-ARIE, REUBEN 8981 ROCKY LAKE COURT SARASOTA, FL 34238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles Crouse CPA Date: 4/30/08 Daytime Phone #: 813 874-1280