



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # M95000000047			
1. Entity Name RJ MATADOR, L.L.C.			
Principal Place of Business 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716		Mailing Address 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716	
DO NOT WRITE IN THIS SPACE			
		04122006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 59-3307717	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATECKI, PAUL L 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		05/11/06-80117-017 50.00	
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERG, JEFFREY 200 FIRST AVENUE, STE. 201 ST. PETERSBURG, FL 33701		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHALEY, FRED 880 CARILLON PKWY. ST. PETERSBURG, FL 33716		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>Fred Whaley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/21/06</u> Daytime Phone # <u>727-567-3800</u>	