## 2007 LIMITED LIABILITY COMPANY

## ANNUAL REPORT

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

## Secretary of State **DOCUMENT # M99000000741** 02-12-2007 90306 011 \*\*\*\*50.00 RSJ HOLDINGS, LLC, OF WASHINGTON Principal Place of Business Mailing Address EUNTAINA 10933 84TH PLACE NE 204 E. 17TH STREET, SUITE 202 KIRKLAND, WA 98034 COSTA MESA, CA 92627 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 91-1937106 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CFRA LAW OFFICES OF DECUBELLIS & MEEKS P.A. Street Address (P.O. Box Number is Not Acceptable) 837 NORTH GARLAND AVENUE 4221 W. Boy Scout ORLANDO, FL 32801 1000 33607 8. The above named entity submits this statement of changing its registered outlie or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent DECLASUES MANDER C. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition GUMPERT, RICHARD A NAME NAME STREET ADDRESS 10933 84TH PLACE NE STREET ADDRESS KIRKLAND, WA 98034 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition GUMPERT, STEVEN L NAME NAME 204 E 17TH STREET SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COSTA MESA, CA 92627 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Feb 12, 2007 8:00 am

Change

☐ Change

☐ Addition

☐ 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

Steven L. Cumpert 1/12/07 (949) 764-2669 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Davtime Phone (

☐ Delete

☐ Delete