2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000005868

1. Entity Name
SJD FAMILY ENTERPRISES, LLC

FILED
07 SEP 10 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08022007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
2600 ISLAND BLVD., #1901 AVENTURA, FL 33160-5210	2600 ISLAND BLVD., #1901 AVENTURA, FL 33160-5210

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
501 S. Ocean Blvd.	501 S. Ocean Blvd.
Suite, Apt. #, etc. Unit #201	Suite, Apt. #, etc. Unit 201
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33432 Country USA	Zip 33432 Country USA

4. FEI Number 41-2078335 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIED, HYATT M ESQ 1384 COMELLIA CIRCLE, PENTHOUSE SUITE WESTON, FL 33326	Name: Sean J. Donegan Street Address (P.O. Box Number is Not Acceptable): 501 S. Ocean Blvd., Unit #201 City: Boca Raton FL Zip Code: 33432

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 _____ Sean J. Donegan, Manager 8/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DONEGAN, SEAN J 2600 ISLAND BLVD., #1901 AVENTURA, FL 331605210	☒ Delete	Manager Donegan, Sean J. 501 S. Ocean Blvd., Unit #201 Boca Raton, FL 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ Delete	70010929S397 09/11/07--01018--025 **55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ 8/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #