

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



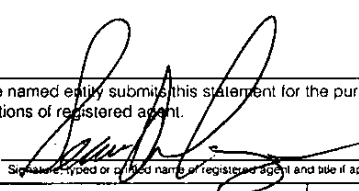
08022007 Chg-LLC CR2E083 (12/06)

Principal Place of Business 2600 ISLAND BLVD., #1901 AVENTURA, FL 33160-5210	Mailing Address 2600 ISLAND BLVD., #1901 AVENTURA, FL 33160-5210
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2. Principal Place of Business - No P.O. Box # 501 S. Ocean Blvd. Suite, Apt. #, etc. Unit #201 City & State Boca Raton, FL Zip 33432 Country USA	3. Mailing Address 501 S. Ocean Blvd. Suite, Apt. #, etc. Unit 201 City & State Boca Raton, FL Zip 33432 Country USA
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6. Name and Address of Current Registered Agent FRIED, HYATT M ESQ 1384 COMELLIA CIRCLE, PENTHOUSE SUITE WESTON, FL 33326	7. Name and Address of New Registered Agent 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
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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.

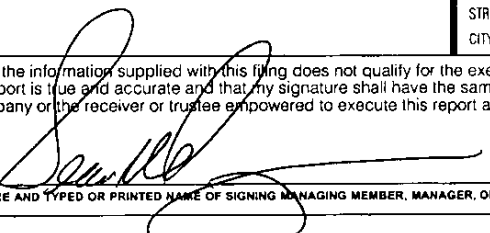
SIGNATURE  Sean J. Donegan, Manager 8/27/07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Donegan, Sean J. 501 S. Ocean Blvd., Unit #201 Boca Raton, FL 33432 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	XXXXXXXXXX ☐ Delete XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 700109296397 09/11/07--01016--025 ***55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/27/07
Date

Daytime Phone #