


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90057 009 ***138.75

DOCUMENT # L06000007895			
1. Entity Name SJP PROPERTIES, LLC			
Principal Place of Business 200 DALE ST. EDGEWATER, FL 32132		Mailing Address 200 DALE ST. EDGEWATER, FL 32132	
2. Principal Place of Business - No P.O. Box # 708 W. Park Avenue		3. Mailing Address 708 W. Park Ave.	
Suite, Apt. #, etc. Unit D		Suite, Apt. #, etc. Unit D	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PORTA, SCOTT S 200 DALE ST. EDGEWATER, FL 32132		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 708 W. Park Avenue Unit D City FL Zip Code	
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	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORTA, SCOTT S. 200 DALE ST. EDGEWATER, FL 32132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 708 W. Park Ave., Unit D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORTA, JENNIFER P 200 DALE ST. EDGEWATER, FL 32132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 708 W. Park Ave., Unit D
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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
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: <u>Jennifer Porta</u> <u>Jennifer Porta</u>		Date: <u>4/23/08</u>	Daytime Phone #: <u>386-428-7656</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

60030792



04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4168266 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required