

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096203

Entity Name: SJT 1635 TAMPA LLC

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1635 N TAMPA ST, STE 100  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

1635 N TAMPA ST, STE 100  
TAMPA, FL 33602 US

**New Mailing Address:**

FEI Number: 26-3708371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULTE, CHRISTOPHER J ESQ.  
1635 N TAMPA ST, STE 100  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHULTE, CHRISTOPHER J ESQ.  
Address: 1635 N TAMPA ST, STE 100  
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM  
Name: WEEKLEY, PAUL M ESQ.  
Address: 1635 N TAMPA ST, STE 100  
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM  
Name: VALDES, JODY M ESQ.  
Address: 1635 N TAMPA ST, STE 100  
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER J. SCHULTE

MGRM

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date