


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

90 MAR -9 AM 9:16

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000617 SANJUST, LLC C/O HOWARD JUSTER // JUSTER PROPERTIES 2001 WEST MAIN STREET STAMFORD CT 06902

1a. Principal Place of Business Address C/O HOWARD JUSTER // JUSTER 2001 WEST MAIN STREET STAMFORD CT 06902

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

Handwritten: % HMJ CORP
 P.O. BOX 248
 Riverside CT
 06878

3. Date Organized or Qualified	3a. State of Formation
06/12/1998	CT
4. FEI Number	<input type="checkbox"/> Applied For
06-1530037	<input type="checkbox"/> Not Applicable
4. FEI Number	APPLIED FOR
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent SCHECHTER, JOEL H ESQ. C/O CUMMINGS & LOCKWOOD 3001 TAMiami TRAIL, NORTH NAPLES FL 33941
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code

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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JUSTER, HOWARD M	2001 WEST MAIN STREET	STAMFORD CT

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 ****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Howard M. Juster*