

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90119 005 ****50.00

DOCUMENT # L00000011030

1. Entity Name
S & J DEVELOPMENT COMPANY, L.L.C.



Principal Place of Business

712 S. OREGON AVE
200
TAMPA, FL 33606

Mailing Address

712 S. OREGON AVE
200
TAMPA, FL 33606

24062946



04122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667709

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LEONARD H
37837 MERIDIAN AVENUE, SUITE 314
DADE CITY, FL FL335-25

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KRUSEN, WILLIAM A
STREET ADDRESS 712 S. OREGON AVE SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR
NAME KRUSEN, W. ANDREW JR.
STREET ADDRESS 712 S. OREGON AVE SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE TS
NAME JONES, DOUGLAS N
STREET ADDRESS 712 S OREGON AVE STE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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 OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-04

813-837-3007