

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**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**



04202005No 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, 2005**

**U000000361118  
05/05/05-80044-025 50.00**

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TS  
JONES, DOUGLAS N  
712 S OREGON AVE STE 200  
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)(f), 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

**W. Andrew Krusen, Jr**

**Managing Member**

Date

**4-25-05**

Daytime Phone #

**813-837-3009**