
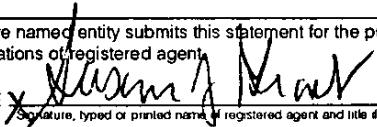
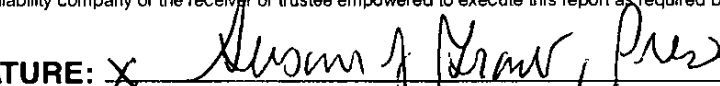


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90039 032 \*\*\*\*50.00

<b>DOCUMENT # L02000002248</b>			
1. Entity Name <b>SJ GRANT ENTERPRISES, L.L.C.</b>			
Principal Place of Business <b>80925 OVERSEAS HWY, UNIT 4 ISLAMORADA FL 33036</b>		Mailing Address <b>PO BOX 938 LONG KEY FL 33001</b>	
2. Principal Place of Business <b>103 Zane Grey Creek Dr.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Layton, FL</b>		City & State	
Zip <b>33001</b>	Country <b>Monroe</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>GRANT, SUSAN J 58418 OVERSEAS HWY GRASSY KEY FL 33050</b>		7. Name and Address of New Registered Agent Name <b>Grant Susan J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>103 Zane Grey Creek Dr.</b> City <b>Layton</b> State <b>FL</b> Zip Code <b>33001</b>	
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  <b>Susan J. Grant - President</b> DATE <b>4/15/2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
		<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GRANT, SUSAN J PO BOX 938 LONG KEY FL 33001</b> <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
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
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 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:  <b>Susan J. Grant - President</b>		DATE <b>4/15/05</b> (305) 664-0680 <small>Daytime Phone #</small>	