

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90026 009 \*\*\*\*50.00

**DOCUMENT # L02000002248**

1. Entity Name

**SJ GRANT ENTERPRISES, L.L.C.**



Principal Place of Business

**246 WEST SEAVIEW CIRCLE  
DUCK KEY FL 33050**

Mailing Address

**246 WEST SEAVIEW CIRCLE  
DUCK KEY FL 33050**

2. Principal Place of Business

**80925 Overseas Hwy  
Suite, Apt. #, etc.  
UNIT # 4**

3. Mailing Address

**PO BOX 522607  
Suite, Apt. #, etc.**

City & State

**Islamorada, FL**

City & State

**Marathon Shores, FL**

Zip

**33036**

Country

**USA**

Zip

**33052**

Country

**USA**

4. FEI Number

**80-0030588**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GRANT, SUSAN J  
246 WEST SEAVIEW CIRCLE  
DUCK KEY FL 33122**

7. Name and Address of New Registered Agent

Name **Susan J. Grant**  
Street Address (P.O. Box Number is Not Acceptable)  
**58418 Overseas Hwy**  
City **Grassy Key** FL **33050**

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 *Susan J. Grant*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/23/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Susan J. Grant 58418 Overseas Hwy Grassy Key FL 33050</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Susan J. Grant* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/23/03**

Date

**305-289-1300**

Daytime Phone #

CR2003 (10/02)