2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000005957

1. Entity Name
SJB DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
174 WEST COMSTOCK AVENUE, SUITE 115 C/O SAMUEL BENSON WINTER PARK, FL 32789	174 WEST COMSTOCK AVENUE, SUITE 115 C/O SAMUEL BENSON WINTER PARK, FL 32789

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04192005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
04-3638312	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

BENSON, SAMUEL
174 WEST COMSTOCK AVENUE, SUITE 115
WINTER PARK, FL 32789

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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

U00000326323
04/23/05-80051-023 50.00

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	BENSON, SAMUEL		
STREET ADDRESS	174 WEST COMSTOCK AVE STE 115		
CITY-ST-ZIP	WINTER PARK, FL 32789		
TITLE			
NAME			
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: _____   4-21-05   (407) 629 1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #