2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010694

1. Entity Name
S & J DIVERSIFIED, L.C.

Principal Place of Business	Mailing Address
100 MADRID BLVD., STE. 212 PUNTA GORDA, FL 33950	100 MADRID BLVD., STE. 212 POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

03082005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
37-1449012	Not Applicable

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

6. Name and Address of Current Registered Agent

S&J DIVERSFIELD. L.C.
100 MADRID BLVD., STE. 212
PUNTA GORDA, FL 33950

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEPHENSON, JACK F
STREET ADDRESS	100 MADRID BLVD.
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	JOHNS, ALFRED M
STREET ADDRESS	100 MADRID BLVD.
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80022-004 50.00

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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:_____ 4/14/05   941-637-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #