


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90029 048 \*\*\*\*50.00

DOCUMENT # L02000010694					
1. Entity Name <b>S &amp; J DIVERSIFIED, L.C.</b>					
Principal Place of Business <b>100 MADRID BLVD., STE. 212 PUNTA GORDA, FL 33950</b>			Mailing Address <b>100 MADRID BLVD., STE. 212 POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business <b>24420 SANDHILL BLVD.</b>		3. Mailing Address <b>24420 SANDHILL BLVD</b>			
Suite, Apt. #, etc. <b>103</b>		Suite, Apt. #, etc. <b>103</b>			
City & State <b>Punta Gorda, FL</b>		City & State <b>Punta Gorda, FL</b>		4. FEI Number <b>37-1449012</b>	
Zip <b>33983</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>S&amp;J DIVERSIFIED, L.C. 100 MADRID BLVD., STE. 212 PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>24420 SANDHILL BLVD., #103</b>		
			City <b>Punta Gorda</b> State <b>FL</b> Zip Code <b>33983</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENSON, JACK F 100 MADRID BLVD. PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>24420 SANDHILL BLVD, #103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<b>Punta Gorda, FL 33983</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNS, ALFRED M 100 MADRID BLVD. PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>24420 SANDHILL BLVD, #103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<b>Punta Gorda, FL 33983</b>	
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 exemptions contained in Chapter 119, 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:**

**JACK STEPHENSON**

**4/7/2006 (941)766-8028**

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

Date

Daytime Phone #