

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90306 030 \*\*\*138.75

00020000



<b>DOCUMENT # L02000010694</b> 1. Entity Name <b>S &amp; J DIVERSIFIED, L.C.</b>			
Principal Place of Business <b>24420 SANDHILL BLVD # 103 PUNTA GORDA, FL 33983</b>		Mailing Address <b>24420 SANDHILL BLVD # 103 PUNTA GORDA, FL 33983</b>	
2. Principal Place of Business - No P.O. Box # <b>24430 Sandhill Blvd.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Ste. 303</b>	
City & State <b>Punta Gorda, FL</b>		City & State <b>Punta Gorda, FL</b>	
Zip <b>33983</b> Country <b>United States</b>		Zip Country	
4. FEI Number <b>37-1449012</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>S&amp;J DIVERSIFIED, L.C. 24420 SANDHILL BLVD, # 103 PUNTA GORDA, FL 33983</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM STEPHENSON, JACK F 24420 SANDHILL BLVD, # 103 PUNTA GORDA, FL 33983</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>24430 Sandhill Blvd, Ste 303 PUNTA GORDA, FL 33983</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM JOHNS, ALFRED M 24420 SAND HILL BLVD, # 103 PUNTA GORDA, FL 33983</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
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.			
<b>SIGNATURE:</b>		Date <b>4/14/08</b> Daytime Phone # <b>9417668028</b>	