


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000007241</b> 1. Entity Name S J D S ENTERPRISES, L.L.C.	
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Principal Place of Business  
24337 CONTRA COSTA LANE  
PUNTA GORDA, FL 33955

Mailing Address  
24337 CONTRA COSTA LANE  
PUNTA GORDA, FL 33955



04292005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-1050604	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCEWAN, CHRIS G  
24337 CONTRA COSTA LANE  
PUNTA GORDA, FL 33955

**DO NOT WRITE  
IN THIS SPACE**

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	MCEWAN, CHRIS G
STREET ADDRESS	24337 CONTRA COSTA LANE
CITY - ST - ZIP	PUNTA GORDA, FL 33955

TITLE	MGRM
NAME	BOLLINGER, DEBORAH L
STREET ADDRESS	3236 SUNSET KEY CIR #102
CITY - ST - ZIP	PUNTA GORDA, FL 33955

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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05/03/05-80018-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

CHRIS G. MCEWAN

Date

4/29/05

Daytime Phone #

941-833-1068