## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1.03000014596

## FILED Mar 28, 2005 8:00 am Secretary of State

03-28-2005 90291 030 \*\*\*\*50.00

1. Entity Name SJL, L.C.	9	1000			
Principal Place of Business  C/O GILLESPIE & ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY, SUITE 300  BOCA RATON, FL 33432 US  Mailing Address  C/O GILLESPIE & ALLISON 1515 SOUTH FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432			HIGHWAY, SUITE 300	. TO O TITLE	HIND ANGAL III 1981
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032005 Chg-LLC CR2E083 (10	0/03)
City & State		City & State WILLINGTON DE		4. FEI Number 35-2211466	Applied For Not Applicable
Zip	Country	Zip 19803	Country		O Additional equired
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
ALLICON	DONALD MESO		Name		
ALLISON, DONALD M ESQ. 1515 SOUTH FEDERAL HIGHWAY SUITE 300		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON, FL 33432					
	,		City	FL Z	p Code
8. The above	named entity submits this statement (	or the purpose of changing its	registered office or regis	stered erent or both in the State of Florida. I am familio	r with and account
_	ions of registered agent.				i widi, aid accept
SIGNATURE.	ions of registered agent.  Signature, typed or printed name of registered agen		E: Registered Agent signature requ		with, and accept
SIGNATURE .	Sometime, typed or printed name of registered ager ling Fee is \$50.00 ue by May 1, 2005	at and title if applicable. (NOT)	E: Registered Agent signature requ	uired when reinstating)  DATE  Make check payable Florida Department of	e to
SIGNATURE .	Sometime, typed or printed name of registered ager  ling Fee is \$50.00  ue by May 1, 2005  MANAGING MEME	at and title if applicable. (NOTI	E: Registered Agont signature requ	ured when reinstating) DATE  Make check payable	e to
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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.

TITLE

TOLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP --

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