


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000014596</b><br>1. Entity Name<br>SJL, L.C. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>C/O GILLESPIE & ALLISON, P.A.<br>1515 SOUTH FEDERAL HIGHWAY, SUITE 300<br>BOCA RATON, FL 33432 US | Mailing Address<br>105 FOULK RD<br>WILMINGTON, DE 19803 US |
|--|--|



04042008 No Chg-LLC

CR2E083 (12/07)

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|   |  |
|---|--|
| 4. FEI Number<br>35-2211466                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>ALLISON, DONALD M ESQ.<br>1515 SOUTH FEDERAL HIGHWAY<br>SUITE 300<br>BOCA RATON, FL 33432 |
|---|

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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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>CAPANO, LOUIS J JR.<br>105 FAULK ROAD<br>WILMINGTON, DE 19803                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>HOVSEPIAN, SUREN<br>1515 SOUTH FEDERAL HIGHWAY, SUITE 300<br>BOCA RATON, FL 33432 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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05/19/08-80015-023 138.75

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

4/28/08  
Date

Daytime Phone #