

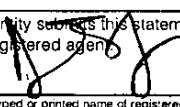
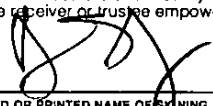


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -5 AM 11:13

DOCUMENT # L03000022232					
1. Entity Name SJC INVESTORS, LLC					
Principal Place of Business 1560 S. DIXIE HWY. STE. 209 CORAL GABLES, FL 33146			Mailing Address 1560 S. DIXIE HWY. STE 209 CORAL GABLES, FL 33146		
2. Principal Place of Business 200 South Orange Avenue		3. Mailing Address 200 South Orange Avenue			
Suite, Apt. #, etc. Suite 1900		Suite, Apt. #, etc. Suite 1900			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32801	Country USA	Zip 32801	Country USA		
4. FEI Number 20-0048583				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				06202005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HOUK, JANE A 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Brett Sealy Street Address (P.O. Box Number is Not Acceptable) 200 South Orange Avenue Suite 1900 City Orlando FL Zip Code 32801		
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 			DATE 6-28-05		
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, SUSAN 1560 S. DIXIE HWY. STE. 209 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Sealy Capital Group, LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 S. Orange Ave., Ste. 1900 Orlando, FL 32801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, JAMES 1560 S. DIXIE HWY. STE. 209 CORAL GABLES, FL 33146 <input checked="" 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	300057424053 07/13/05--01054--010 **50.00 <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 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 606, Florida Statutes.					
SIGNATURE: 			6-28-05 407-481-9182		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		