

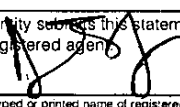
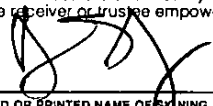


**2005 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

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		06202005 Chg-LLC CR2E083 (10/03)	
Zip 32801		Country USA		4. FEI Number 20-0048583	
Zip 32801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
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 200 S. Orange Ave., Ste. 1900 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 608, Florida Statutes.					
SIGNATURE: 				DATE 6-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 407-481-9182	