## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # L03000046660 1. Entity Name S & J ASSOCIATES LLC Principal Place of Business Mailing Address 12889 COCO PLUM LANE 12889 COCO PLUM LÂNE NAPLES, FL 34119 US NAPLES, FL 34119 US 01102005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 27-0072854 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICCI, STACIE DO NOT WRITE 12889 COCO PLUM LANE NAPLES, FL 34119 IN THIS SPACE 5. 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, typed or printed name of registered agent and this if applicable. (NOTE Pegistered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U00000326320 04/23/05-80051-022 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE RICCI, STACIE NAME STREET ADDRESS 12889 COCO PLUM LANE CITY-ST-ZIP NAPLES, FL 34119 MGRM TITLE RICCI, JOYCE NAME STREET ADDRESS 40 SCUDDER ST. GARFIELD, NJ 07026 CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(3)(f). 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 true receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

**FILED**