

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000047760	
1. Entity Name SLJ PROPERTIES, LLC	

Principal Place of Business 3819 SAILMAKER LN HOLIDAY, FL 34691 US	Mailing Address 3819 SAILMAKER LN HOLIDAY, FL 34691 US
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DO NOT WRITE IN THIS SPACE



06202007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0444505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JEGGLE, LAWRENCE E
3819 SAILMAKER LN
HOLIDAY, FL 34691

**DO NOT WRITE
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: Lawrence E. Jeggle 6-20-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JEGGLE, LAWRENCE E 3819 SAILMAKER LN HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JEGGLE, SHARON M 3819 SAILMAKER LN HOLIDAY, FL 34691
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06/26/07-80001-003 50.00

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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: Lawrence E. Jeggle 6-20-07 (727) 742-4326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #