


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L03000047760</b> 1. Entity Name <b>SLJ PROPERTIES, LLC</b>	
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Principal Place of Business <b>3819 SAILMAKER LN HOLIDAY, FL 34691 US</b>	Mailing Address <b>3819 SAILMAKER LN HOLIDAY, FL 34691 US</b>
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**DO NOT WRITE IN THIS SPACE**



06202007 No Chg-LLC

CR2E083 (11/05)

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