

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047760

Entity Name: SLJ PROPERTIES, LLC

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

3819 SAILMAKER LN
HOLIDAY, FL 34691 US

New Principal Place of Business:

13819 GENE ROSSI AVE.
HUDSON, FL 34667 US

Current Mailing Address:

3819 SAILMAKER LN
HOLIDAY, FL 34691 US

New Mailing Address:

13819 GENE ROSSI AVE.
HUDSON, FL 34667 US

FEI Number: 20-0444505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEGGLE, LAWRENCE E
3819 SAILMAKER LN
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

JEGGLE, LAWRENCE E
13819 GENE ROSSI AVE.
HUDSON, FL 34667 US

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.

SIGNATURE:

04/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JEGGLE, LAWRENCE E
Address: 3819 SAILMAKER LN
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGRM () Delete
Name: JEGGLE, SHARON M
Address: 3819 SAILMAKER LN
City-St-Zip: HOLIDAY, FL 34691 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JEGGLE, LAWRENCE E
Address: 13819 GENE ROSSI AVE.
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM (X) Change () Addition
Name: JEGGLE, SHARON M
Address: 13819 GENE ROSSI AVE.
City-St-Zip: HUDSON, FL 34667 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 JEGGLE

MGRM

04/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date