


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90076 034 ****50.00

| | | | |
|---|---|--|---|
| DOCUMENT # L04000017050 1. Entity Name S & J INVESTMENTS HOLDING, LLC | |  | |
| Principal Place of Business 2098 CRYSTAL DRIVE UNIT 23 FORT MYERS, FL 33907 US | | Mailing Address 2098 CRYSTAL DRIVE UNIT 23 FORT MYERS, FL 33907 US | |
| 2. Principal Place of Business 16131 Bentwood Palms DR | | 3. Mailing Address 16131 Bentwood Palms DR | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Ft. Myers, Fla. | | City & State Ft. Myers, Fla. | |
| Zip 33908 | | Zip 33908 | |
| Country Lee | | Country Lee | |
| 6. Name and Address of Current Registered Agent ADDISON, MICHAEL C 400 N. TAMPA ST. SUITE 1100 TAMPA, FL 33602 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PHILLIPS, JAMES W 1818 N.E. 2ND STREET CAPE CORAL, FL 33909 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Phillips, James W. 16131 Bentwood Palms DR. Ft. Myers, Fla. 33908 |
| <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SEARS, SALLY A 1818 N.E. 2ND STREET CAPE CORAL, FL 33909 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Phillips, Sally A. 16131 Bentwood Palms DR. Ft. Myers, Fla. 33908 |
| <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: James W. Phillips 4-24-06 (239) 931-3168
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #