2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000021396

Entity Name
 SJ PROPERTIES, LLC



Mailing Address

Principal Place of Business 6661 GRANDE ORCHID WAY DELRAY BEACH, FL 33446

15622 SW 74 PLACE MIAMI, FL 33157

FILED Jan 12, 2006 08:00 AM Secretary of State



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0814879

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLINS, PAMELA 15622 SW 74 PLACE MIMAI, FL 33157

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8. The above named entity submits this statement for the purpose of changing	its registered office or registered agen	t, or both, in the State of Florida.	I am famillar with, and accept
the obligations of registered agent.	•		•

SIGNATURE

Signature, types' 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 May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEDER, JUDITH 6661 GRANDE ORCHID WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEDER, DANIEL 6661 GRANDE ORCHID WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MULLINS, PAMELA 15622 SW 74 PLACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-S7-ZIP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

1/00/00/03/84/08/6 01/13/06-80027-018 55.00

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11. I hereby certify that the information supplied with this filling 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 508, Florida Statutes.

SIGNATURE Mules alli

Panela Mullins

1/9/04 3052029196

Dat

Daytime Phone #