

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000021396

1. Entity Name
SJ PROPERTIES, LLC



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

Mailing Address
15622 SW 74 PLACE
MIAMI, FL 33157



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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
MIAMI, FL 33157

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000782130
01/15/08-80062-018 143.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/8/08

Date

305 232 9196

Daytime Phone *