2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035798

1. Entity Name
SANJEF ENTERPRISES, LLC

FILED
Mar 19, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
112 INLETS BLVD NOKOMIS, F 34275 US	112 INLETS BLVD NOKOMIS, F 34275 US

2. Principal Place of Business	3. Mailing Address
112 Inlets Blvd.	SAME AS No. 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nokomis, FL	City & State
Zip: 34275 / Country: USA	Zip / Country

01262005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 51-0522736 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHALMERS, GEOFFREY T
112 INLETS BLVD.
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code

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: Geoffrey T. Chalmers — 3-14-2005
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHALMERS, GEOFFREY T 112 INLETS BLVD. NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000270235 03/19/05-80043-007 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Geoffrey T. Chalmers, Manager — 3-14-2005 — (617) 523-1960