

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 06, 2005 8:00 am
Secretary of State

05-06-2005 90028 019 ****50.00

DOCUMENT # L04000082558					
1. Entity Name SJD PROPERTIES, L.L.C.					
Principal Place of Business 2211 SOUTHWEST 53RD TERRACE CAPE CORAL, FL 33914			Mailing Address 2211 SOUTHWEST 53RD TERRACE CAPE CORAL, FL 33914		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BUCKLEY, J. PATRICK 1633 S.E. 47 TERRACE CAPE CORAL, FL 33910			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reissuing) _____ 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	Managing Member Sean Deems 2211 SW 53rd Terr Cape Coral, FL 33914		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Julie Deems 2211 SW 53rd Terr Cape Coral, FL 33914		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<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 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: <i>Julie Deems</i>			x 5-2-05 x 239-776-7870		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number **x20-1978751** Applied For ☒ Not Applicable ☐

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