

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088136

FILED  
Jan 06, 2007  
Secretary of State

Entity Name: SJM PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

1623 LENOX AVE  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1623 LENOX AVE  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 20-2049950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICI, JAMES R ESQ.  
1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

NICI, JAMES R ESQ.  
C/O COX & NICI  
1185 IMMOKALEE ROAD, SUITE 110  
NAPLES, FL 34110 US

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.

SIGNATURE: JAMES R. NICI

01/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JARCHOW-MISCH, SUSANNE  
Address: 1623 LENOX AVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: PVST ( ) Delete  
Name: JARCHOW-MISCH, SUSANNE  
Address: 1623 LENOX AVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSANNE JARCHOW-MISCH

MGR

01/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date