

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088136

FILED
Feb 02, 2009
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.
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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:

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: MGR (X) Change () Addition
Name: JARCHOW-MISCH, SUSANNE
Address: 9926 ROBBINS DRIVE
City-St-Zip: BEVERLY HILLS, CA 90212 US

Title: PVST (X) Change () Addition
Name: JARCHOW-MISCH, SUSANNE
Address: 9926 ROBBINS DRIVE
City-St-Zip: BEVERLY HILLS, CA 90212 US

I hereby certify that the information supplied with this filing does not qualify 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

02/02/2009

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