

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088197

Entity Name: S&P J HOLDINGS LLC

FILED
Jul 18, 2006
Secretary of State

Current Principal Place of Business:

3174 STONEBRIER RIDGE DR.
ORANGE PARK, FL 32065

New Principal Place of Business:

9526-B2 ARGYLE FOREST BLVD.
PMB-403
JACKSONVILLE, FL 32222

Current Mailing Address:

3174 STONEBRIER RIDGE DR.
ORANGE PARK, FL 32065

New Mailing Address:

9526-B2 ARGYLE FOREST BLVD.
PMB-403
JACKSONVILLE, FL 32222

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES, STEVEN SR.
3174 STONEBRIER RIDGE DR.
ORANGE PARK, FL 32065 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: MGRM () Delete
Name: JAMES, STEVEN SR.
Address: 3174 STONEBRIER RIDGE DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM () Delete
Name: BURT-JAMES, PATRICIA
Address: 3174 STONEBRIER RIDGE DR.
City-St-Zip: ORANGE PARK, FL 32065

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: STEVEN JAMES SR.

MGRM

07/18/2006

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