


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90043 011 ****50.00

DOCUMENT # L05000004014					
1. Entity Name SJRS & K, LLC					
Principal Place of Business 3300 COASTAL HIGHWAY ST. AUGUSTINE, FL 32084			Mailing Address 3300 COASTAL HIGHWAY ST. AUGUSTINE, FL 32084		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARTLETT, BARON LESQ BARTLETT & DEAL, P.A. 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082				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 reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM STEPHANIE S. KOVAL 3300 COASTAL HWY. ST. AUGUSTINE, FL 32084		
			MGRM ROBERT A. KOVAL 403 GENERAL HARDEE SQ. PEACHTREE CITY, GA 30269		
			MGRM JAMES P. SCHWEICKERT 2208 101ST AVE. SW OLYMPIA, WASHINGTON 98512		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Stephanie S. Koval</i> STEPHANIE S. KOVAL 07/14/06 904-808-4603					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					