

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-03-2006 90003 006 ****55.00

DOCUMENT # L05000057532

1. Entity Name
SJS TRUST FLAMINGO WAREHOUSE, LLC



Principal Place of Business
7045 HOBGOOD ROAD
FAIRBURN, GA 32012

Mailing Address
7045 HOBGOOD ROAD
FAIRBURN, GA 32012

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3026231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDER REALTY & MANAGEMENT, INC.
6530 WEST ROGERS CIRCLE, SUITE #31
BOCA RATON, FL 33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

Filing Fee is \$60.00
Due by May 1, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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:

Samuel J. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/06

Date

404
753-3141

Debiting From