

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069394

Entity Name: SOJ ENTERPRISES, LLC

FILED
May 24, 2006
Secretary of State

Current Principal Place of Business:

559 NORTHPORT DR
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

559 NORTHPORT DR
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 83-0438507 FEI Number Applied For () FEI Number Not Applicable () 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:

ORTHMANN, BRAD
559 NORTHPORT DR
LONGWOOD, FL 32750 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: ORTHMANN, BRADLEY
Address: 559 NORTHPORT DR
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM () Delete
Name: JACOBS, FLOYD
Address: 590 LAKE KATHRYN CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM () Delete
Name: STEINBECK, STEVEN
Address: 1772 CINNAMON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES:

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

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: BRADLEY ORTHMANN

MGMR

05/24/2006

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