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Mar 13, 2007 8:00 am
Secretary of State

01-26-2007 90081 039 ***150.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000090396

1. Entity Name
SACJDC ASSOCIATES, LLC

Principal Place of Business
2154 BALSAM WAY
WELLINGTON, FL 33414

Mailing Address
2154 BALSAM WAY
WELLINGTON, FL 33414

01092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
2154 Balsan Way
Suite, Apt. #, etc.
City & State: Wellington, Fl
Zip: 33414 Country: U.S.A.

3. Mailing Address
2154 Balsan Way
Suite, Apt. #, etc.
City & State: Wellington, Fl
Zip: 33414 Country: U.S.A.

4. FEI Number: 20-3920179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
YEEND, JOHN
1109 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent
Name: Lisa Braden, Esq.
Street Address (P.O. Box Number is Not Acceptable)
4623 Forest Hill Blvd. Ste. 111
City: West Palm Beach FL Zip Code: 33415

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] 3/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CROWELL, DAVID 2154 BALSAM WAY WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Crowell, David 2154 Balsan Way Wellington, Fl. 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CROWELL, SANDRA 2154 BALSAM WAY WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Crowell, Sandra 2154 Balsan Way Wellington, Fl. 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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: Sandra A. Crowell / [signature] 1-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SANDRA A. CROWELL / J. DAVID CROWELL 1-561-798-4455