2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094870

Entity Name: SJD, LLC

City-St-Zip:

LAKE WORTH, FL 33467

FILED Mar 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 880671 3486 SW RONALD STREET PORT ST LUCIE, FL 34988 PORT ST LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** PO BOX 880671 PORT ST LUCIE, FL 34988 FEI Number: 20-3541434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, SCOTT F 3486 SW RONALD STREET PORT ST LUCIE, FL 34953 US 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: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition ROBINSON, SCOTT F Name: Name: Address: PO BOX 880671 Address: City-St-Zip: PORT ST LUCIE, FL 34988 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ROBINSON, DEBRA L Name: Name: Address: 6746 FINAMORE CIRCLE Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ROBINSON, JAMES F Name: Name: Address: 6746 FINAMORE CIRCLE Address:

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.

City-St-Zip:

SIGNATURE: SCOTT F. ROBINSON MGR 03/15/2007