

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094870

Entity Name: SJD, LLC

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

3486 SW RONALD STREET  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880671  
PORT ST LUCIE, FL 34988

**New Mailing Address:**

FEI Number: 20-3541434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBINSON, SCOTT F  
3486 SW RONALD STREET  
PORT ST LUCIE, FL 34953 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: MGR ( ) Delete  
Name: ROBINSON, SCOTT F  
Address: PO BOX 880671  
City-St-Zip: PORT ST LUCIE, FL 34988

Title: MGR ( ) Delete  
Name: ROBINSON, DEBRA L  
Address: 6746 FINAMORE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR ( ) Delete  
Name: ROBINSON, JAMES F  
Address: 6746 FINAMORE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

**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 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: SCOTT F ROBISONON

MGR

04/23/2008

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