

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90253 020 ****50.40

DOCUMENT # L05000123656

1. Entity Name
S.A.J. PROPERTIES, LLC



Principal Place of Business
**6240 HIGHLANDS RISE DR.
LAKELAND, FL 33813**

Mailing Address
**P.O. BOX 92609
LAKELAND, FL 33804**



03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
83-0445428

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GAVRIC, SPASO
6240 HIGHLANDS RISE DR.
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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 \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GAVRIC, SPASO
STREET ADDRESS	6240 HIGHLANDS RISE DR.
CITY- ST- ZIP	LAKELAND, FL 33813

TITLE	
NAME	
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CITY- ST- ZIP	

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IN THIS SPACE**

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: *Spaso Gavric*

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

03.31.2007

Date

863-670-1324

Daytime Phone #