



# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

AMENDED

<b>DOCUMENT # L06000019379</b> 1. Entity Name <b>SRJR PROPERTIES, LLC</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>07 JUL 18 PM 4:37</b>  			
Principal Place of Business <b>19612 S.W. 69 PLACE FORT LAUDERDALE, FL 33332</b>				Mailing Address <b>19612 S.W. 69 PLACE FORT LAUDERDALE, FL 33332</b>					
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		06212007 Chg-LLC CR2E083 (12/06)		4. FEI Number <b>65-1274380</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State  Zip Country		City & State  Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>TEDDLIE, APRIL L 19612 S.W. 69 PLACE FORT LAUDERDALE, FL 33332</b>				7. Name and Address of New Registered Agent Name <u>APRIL L TEDDLIE</u> Street Address (P.O. Box Number is Not Acceptable) <u>19612 SW 69 PLACE</u> City <u>FT. LAUDERDALE</u> FL Zip Code <u>33332</u>					
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>6/21/07</u>					
<b>Amended AR is \$50.00</b>				<b>Make check payable to Florida Department of State</b>					
9. MANAGING MEMBERS/MANAGERS					10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BERGERON, RONALD M JR 19612 SW 69TH PLACE FORT LAUDERDALE, FL 33332</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>BLT</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BERGERON, RONALD M SR 19612 SW 69 Place, Ft Lauderdale, FL 33332</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>7001065022?? 07/20/07--01036--013 **50.00</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					Date <u>6/21/07</u> Daytime Phone # <u>954-680-6100</u>				