

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026486

Entity Name: SJA 301, LLC

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

450-106 ST. RD. 13 N  
#244  
JACKSONVILLE, FL 32259

## Current Mailing Address:

450-106 ST. RD. 13 N  
#244  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

450 ST. RD. 13 N, STE 106  
#244  
JACKSONVILLE, FL 32259

## New Mailing Address:

450 ST. RD. 13 N, STE 106  
#244  
JACKSONVILLE, FL 32259

FEI Number: 40-0766766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASHLEN, NUNNERY  
450-106 ST. RD 13 N  
JACKSONVILLE, FL FL US

## Name and Address of New Registered Agent:

ASHLEN, NUNNERY  
450 ST. RD. 13 N, STE 106  
JACKSONVILLE, FL FL 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:

04/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TROMBLE, DAVID  
Address: 450-106 ST. RD. 13 N., 244  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TROMBLE, DAVID  
Address: 450 ST. RD. 13 N, STE 106  
City-St-Zip: JACKSONVILLE, FL 32259

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: DAVID B. TROMBLE

MGRM

04/15/2009

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