2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L06000026964

Entity Name: SJA 304, LLC

Current Principal Place of Business:

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

Current Mailing Address:

450-106 ST. RD. 13 N
#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:

NUNNERY, ASHLEN
450-106 ST. RD 13 N
JACKSONVILLE, FL, FL 32259 US

Name and Address of New Registered Agent:

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