

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90134 027 \*\*\*\*50.00

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01172007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000050229</b> 1. Entity Name <b>SF JEMS, LLC</b>					
Principal Place of Business <b>631 U.S. HIGHWAY 1, SUITE 305 NORTH PALM BEACH, FL 33408</b>			Mailing Address <b>631 U.S. HIGHWAY 1, SUITE 305 NORTH PALM BEACH, FL 33408</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-5048305</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>WHITE, JOHN II</b> <b>1645 PALM BEACH LAKES BLVD., SUITE 1200</b> <b>WEST PALM BEACH, FL 33401</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Gregory J. Fagan</b> Street Address (P.O. Box Number is Not Acceptable) <b>631 US Highway 1, Suite 305</b> City <b>North Palm Beach</b> <b>FL</b> Zip Code <b>33408</b>		
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  (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			Mgr Member <b>Gregory J Fagan</b> <b>631 US Highway 1, Ste 305</b> <b>North Palm Beach, FL 33408</b>		
[Empty Row]			Mgr Member <b>Erik R. Cooper</b> <b>631 US Highway 1, Ste 305</b> <b>North Palm Beach, FL 33408</b>		
[Empty Row]			Mgr Member <b>Jeffrey R. Bergmann</b> <b>631 US Highway 1, Ste 305</b> <b>North Palm Beach, FL 33408</b>		
[Empty Row]			Mgr Member <b>Micahel Grzelka</b> <b>631 US Highway 1</b> <b>North Palm Beach, FL 33408</b>		
[Empty Row]			Mgr Member <b>Sue Welsh</b> <b>631 US Highway 1, Ste 305</b> <b>North Palm Beach, FL 33408</b>		
[Empty Row]			[Empty Row]		
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <b>3/15/07</b> Daytime Phone #					