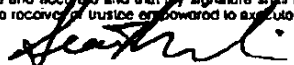


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

02-22-2007 90278 034 ****50.00

DOCUMENT # L06000101958					
1. Entity Name SJR, LLC					
Principal Place of Business 499 N.W. PRIMA VISTA BLVD., #107 PORT ST. LUCIE FL 34953			Mailing Address 499 N.W. PRIMA VISTA BLVD., #107 PORT ST. LUCIE FL 34953		
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 20-5768762	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RANKIN, SEAN 2899 S.E. ITALY STREET PORT ST. LUCIE FL 34952				7. Name and Address of New Registered Agent SEAN RANKIN, D.M.D. ALL SMILES DENTISTRY 499 N.W. Prima Vista Blvd., #107 Port Saint Lucie, FL 34983	
				City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Sean Rankin 2899 Italy St. PSL, FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Sean Rankin 2899 Italy St. PSL, FL 34952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER Lisa Rankin 2899 Italy St. PSL, FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Lisa Rankin 2899 Italy St. PSL, FL 34952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SEAN RANKIN, D.M.D. 2/10/07 (772) 336-1500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					