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	Mailing Address
499 N.W. PRIMA VISTA BLVD., #107 PORT ST. LUCIE FL 34953	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

1st MOORE CR2E083 (10/06)

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

Name: SEAN RANKIN, D.M.D.
ALL SMILES DENTISTRY
Street Address (P.O. Box Number is Not Acceptable): ~~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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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: [signature] SEAN RANKIN, D.M.D. 2/12/07 (772) 336-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #