


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90066 013 \*\*\*138.75

<b>DOCUMENT # L06000108212</b>	
1. Entity Name THE SDJ GROUP, LLC	

Principal Place of Business 4419 66TH ST N KENNETH CITY, FL 33709	Mailing Address <del>PO BOX 2082</del> LARGO, FL 33779
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50008272

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 701 S. DALE MABRY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1	
City & State		City & State TAMPA FL	
Zip	Country	Zip	Country
		33609	USA



06252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5849785		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  AMAR, SIMON E <del>4419 66TH ST N</del> KENNETH CITY, FL 33709		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 701 SOUTH DALE MABRY SUITE 1 City TAMPA FL Zip Code 33609	
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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MESQUITA, DUARTE 4419 66TH ST N KENNETH CITY, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AMAR, SIMON E <del>4419 66TH ST N</del> <del>KENNETH CITY, FL 33709</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 S. DALE MABRY, SUITE 1 TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AMAR, DAVID <del>4419 66TH ST N</del> <del>KENNETH CITY, FL 33709</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 701 S. DALE MABRY #1 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 7/2/08	Daytime Phone # 727-656-1658
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