

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046420

Entity Name: S J TURBINE, L.L.C.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1109 WATERBROOK LANE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1109 WATERBROOK LANE
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-8998997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, STEPHEN
1075 EAST 31 STREET
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

JOHNSON, STEPHEN
2395 W 77TH STREET
HIALEAH, FL 33016 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: STEPHEN A. JOHNSON

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: JOHNSON, STEPHEN A
Address: 1109 WATERBROOK LANE
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: JOHNSON, RAYMOND S
Address: 239 SW 159 TERRACE
City-St-Zip: SUNRISE, FL 33326

Title: V () Delete
Name: JOHNSON, RAYMOND S
Address: 239 SW 159 TERRACE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHEN A. JOHNSON

PRES

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date