

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90226 034 \*\*\*138.75

**DOCUMENT # L07000080940**

1. Entity Name  
**SJRR, LLC**



Principal Place of Business  
**227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301-1805**

Mailing Address  
**P.O. BOX 391  
TALLAHASSEE, FL 32302-0391**

**30003880**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-0707639**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLLOWAY, AARON  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301-1805**

7. Name and Address of New Registered Agent

Name **Richard P Lamb Jr**  
Street Address (P.O. Box Number is Not Acceptable) **1900 Centre Pointe Blvd # 37**  
City **Tallahassee** FL Zip Code **32308**

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 **Richard P Lamb Jr**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/14/08**  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition  
NAME **1900 MGR Richard P. Lamb, Jr.**  
STREET ADDRESS **2075 Centre Pointe Blvd., Suite 200 Apt 37**  
CITY - ST - ZIP **Tallahassee, FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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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 606, Florida Statutes.

SIGNATURE: **Richard P Lamb Jr**

**Richard P. Lamb, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #