2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TY

RINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

| 2000 | ONI | runm bu | 3114 E | 33 neru | /N I | (ODN) | | | | | | |
|---|--|--|---|--|-------------------------------------|---|---|---|-------------------------------------|------------------------|---------------|--|
| 1. Entity Nam | DOCUMENT # L9700001045 Entity Name SJR PROPERTIES, LLC | | | | | | | FILED | | | | |
| | | , 223 | | | | | | 00 FEB -3 | PM 4: 14 | | | |
| Principal Place of Business 3009 4TH ST MARIANNA FL 32446 | | | 30 | Mailing Address 3009 4TH ST MARIANNA FL 32446-2122 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| | | | | | | | | | | | | |
| 2. Principal Place of Business | | | 3. N | 3. Mailing Address | | | | . I TEDNISH BUR NEM MENN EGAM BENN BENN GEM BENG HEN JEM BENN GRAN GAM HAN | | | | |
| Suite, Apt. #, etc. | | | s | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | | C | City & State | | | 4. FEI Number 59-3471256 Applied For Not Applicable | | | | , | |
| Zip Country | | | Z | Zip Cour | | try | 5. Certi | 5. Certificate of Status Desired S5.00 Address Requires | | ditional | 7 | |
| 6. Name and Address of Current Re | | | | tered Agent | | Name | 7. Nam | e and Address of New Registered | Agent | | 7 | |
| COLEMAN, C. RANDOLPH ESQ | | | | | | | : (P∩ Boy N | Number is Not Acceptable) | | | 4 | |
| 9250 BAYMEADOWS ROAD, SUITE 230 JACKSONVILLE FL 32256 | | | | | ot out radios | | | | | | | |
| JACKSON | IVILLE FL 3 | 2236 | | | | City | | F | Zip Cod | e | - | |
| 8. The above | named entit | v submits this statement | for the pu | rpose of changing its | s registere | ed office or regist | ered agent. | or both, in the State of Florida. | <u> </u> | | \dashv | |
| | | , | , | , | | | | | | | | |
| SIGNATURE . | Signature, typed | or printed name of registered ago | ent and title if | applicable. (NOT | E: Registere | d Agent signature requi | red when reinstat | ing) DATE | | | $\frac{1}{4}$ | |
| | | | | | | FEE IS \$50.00 | | , | | | | |
| | | | | Make Check Pa | ayable t | o Department | of State | | | | | |
| 9. MANAGING MEME | | | | EMBERS Delete | | ADDITIONS/CHANGES Change Addition | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | ROSEN, S 3009 4TH | SEYMOUR R STREET A FL 32446 | | ∟ Denero | E ET ADDRESS -ST-ZIP | 400003125124 | | | | | | |
| TITLE Name Street address City-St-Zip | MEM ROSEN, J 3009 4TH MARIANN | | | ☐ Delata | | | | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM Delecte ROSEN FAMILY PARTNERSHIP, LTD. 3009 4TH STREET MARIANNA FL 32446 | | | | | E ET ADDRESS - ST-ZIP | | | Changs | Colifica Colifica | | |
| TITLE MAME | | | | ☐ Delete | TITLI NAM | | | | ☐ Change | Addition | | |
| STREET ADDRESS City-St-Zip | | | | | | er Abuness - 8T- ZIP | | | | | | |
| TITLE Name | | | | C Delete | TITLE | | | | Change | Addition | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | l | |
| CITY-ST-ZIP Title | | | | Defets: | CITY- | - 8T- 2(P | | | ☐ Change | Addition | 1 | |
| NAME STREET ADDRESS | | | | | NAM STRE | E ET ADDRE \$8 | | | | | | |
| CITY-ST-ZIP | | | 1 | | 1 | ST-ZIP | | | | | | |
| 11. I hereby of indicated limited liab | certify that the on this repor bility compar | e information supplied w t is true and accurate a ny or the receiver or trus | rith this fili nd that my tee empov | ng does not qualify for signature shall have wered to execute this | r the exer the same report as | nption stated in selegal effect as if required by Cha | Section 119. made unde pter 608, Fk | 07(3)(i), Florida Statutes. I further our cath; that I am a managing memorida Statutes. | ertify that the in ber or manage | nformation r of the | | |