2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000001045

1. Entity Name
SJR PROPERTIES, LLC

Principal Place of Business	Mailing Address
3009 4TH ST MARIANNA, FL 32446	3009 4TH ST MARIANNA, FL 32446

DO NOT WRITE IN THIS SPACE

03012005No Chg-LLC   CR2E083 (10/03)

4. FEI Number 59-3471256	Applied For Not Applicable
5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH ESQ
9250 BAYMEADOWS ROAD
SUITE 450
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM	
NAME	ROSEN, SEYMOUR R	
STREET ADDRESS	3009 4TH STREET	U00000250432
CITY-ST-ZIP	MARIANNA, FL 32446	03/04/05-80010-021 50.00
TITLE	MEM	
NAME	ROSEN, JOAN W	
STREET ADDRESS	3009 4TH STREET	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	MEM	
NAME	ROSEN FAMILY PARTNERSHIP, LTD.	
STREET ADDRESS	3009 4TH STREET	
CITY-ST-ZIP	MARIANNA, FL 32446	DO NOT WRITE IN THIS SPACE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Joan W. Rosen_   3/1/05   (850)526-3937

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