

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 14, 2006 8:00 am  
Secretary of State

03-01-2006 90224 040 \*\*\*\*50.00

<b>DOCUMENT # L97000001045</b> 1. Entity Name <b>SJR PROPERTIES, LLC</b>			
Principal Place of Business <b>3009 4TH ST MARIANNA, FL 32446</b>		Mailing Address <b>3009 4TH ST MARIANNA, FL 32446</b>	
2. Principal Place of Business <b>4591 Berklie Dr.</b>		3. Mailing Address <b>4591 Berklie Dr</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>	
Zip <b>32308</b>		Zip <b>32308</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3471256</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLEMAN, C. RANDOLPH ESQ 9250 BAYMEADOWS ROAD SUITE 450 JACKSONVILLE, FL 32258</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reappointing) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MEM NAME ROSEN, SEYMOUR R STREET ADDRESS 3009 4TH STREET CITY-ST-ZIP MARIANNA, FL 32446	<input type="checkbox"/> Delete	TITLE MGRM NAME ROSEN, SEYMOUR R STREET ADDRESS 4591 Berklie Drive CITY-ST-ZIP Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MEM NAME ROSEN, JOAN W STREET ADDRESS 3009 4TH STREET CITY-ST-ZIP MARIANNA, FL 32446	<input type="checkbox"/> Delete	TITLE MGRM NAME ROSEN, JOAN W. STREET ADDRESS 4591 BERKLIE DRIVE CITY-ST-ZIP Tallahassee, FL 32308	<input checked="" 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
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: <i>Joan W. Rosen</i>		Date: <i>3/1/06</i> (850) <i>2724222</i>	



ATTACHMENT  
30002481

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

SJR PROPERTIES, LLC  
4591 BERKLIE DR  
TALLAHASSEE, FL 32308

Subject: SJR PROPERTIES, LLC

Reference Number: L97000001045

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION

*Please note - corrections  
have been made on the  
attached report*

P.O. BOX 6478 - Tallahassee, Florida 32314