

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # L97000001045

1. Entity Name
SJR PROPERTIES, LLC



Principal Place of Business
4591 BERKLIE DR
TALLAHASSEE, FL 32308

Mailing Address
4591 BERKLIE DR
TALLAHASSEE, FL 32308



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3471256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSEN, SEYMOUR R 4591 BERKLIE DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSEN, JOAN W 4591 BERKLIE DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM ROSEN FAMILY PARTNERSHIP, LTD. 3009 4TH STREET MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/08/07-80042-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1/3/07

(850)
272-4222