

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001045

Entity Name: SJR PROPERTIES, LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

4591 BERKLIE DR
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

4591 BERKLIE DR
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3471256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSEN, SEYMOUR R
Address: 4591 BERKLIE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: ROSEN, JOAN W
Address: 4591 BERKLIE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: MEM () Delete
Name: ROSEN FAMILY PARTNERSHIP, LTD.
Address: 3009 4TH STREET
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ROSEN FAMILY PARTNERSHIP, LTD.
Address: 3009 4TH STREET
City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date