

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90201 050 \*\*\*\*50.00

**DOCUMENT # L98000000746**

1. Entity Name

SJTD PROPERTIES, L.C.



Principal Place of Business

C/O B&W GOLFCARS, INC.  
2332 BRUNER LANE, SE  
FT. MYERS FL 33912

Mailing Address

17 RIDGE DR  
NAPLES FL 34108

2. Principal Place of Business

B&W GOLFCARS INC

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10491 CORKSCREW COMMONS

City & State

ESTERO FLA.

City & State

Zip

33928

Country

USA

Zip

Country

4. FEI Number

65-0845064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKER, THOMAS M ESQ.  
1415 16TH STREET, #4  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name PARKER, THOMAS M ESQ

Street Address (P.O. Box Number is Not Acceptable)

2900 NW 35TH STREET

City

MIAMI

FL

Zip Code

33142

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 + applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME PARKER, THOMAS M ☐ Delete  
STREET ADDRESS 745 NW 54TH ST  
CITY-ST-ZIP MIAMI FL 33127

TITLE MGR  
NAME PARKER, JAMES B ☐ Delete  
STREET ADDRESS 17 RIDGE DR.  
CITY-ST-ZIP NAPLES FL 34108

TITLE MGR  
NAME PARKER, JANICE ☐ Delete  
STREET ADDRESS 17 RIDGE DR  
CITY-ST-ZIP NAPLES FL 34108

TITLE MGR  
NAME PARKER WITT, JILL C ☐ Delete  
STREET ADDRESS 342 SADIE DOUGLAS LANE  
CITY-ST-ZIP SHREVEPORT LA 71106

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR. ☒ Change ☐ Addition  
NAME PARKER, THOMAS M  
STREET ADDRESS 2900 NW 35TH STREET  
CITY-ST-ZIP MIAMI, FL 33142

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

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

Date

Daytime Phone #

JAMES B PARKER 2/23/04 239-597-5162