

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90207 037 ****50.00

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1. Entity Name

SJTD PROPERTIES, L.C.



Principal Place of Business

B&W GOLFCARS, INC.
10491 CORKSCREW COMMONS
ESTERO FL 33928

Mailing Address

17 RIDGE DR
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0845064**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

1st MOORE CR2E083 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, THOMAS M ESQ.
2900 NW 35TH STREET
MIAMI FL 33142
1049 W. 47TH ST
MIAMI BEACH, FL
33140

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **PARKER, THOMAS M**
CITY-ST-ZIP **2900 NW 35TH STREET**
MIAMI FL 33142

TITLE ☒ Change ☐ Addition
NAME **MGR**
STREET ADDRESS **PARKER, THOMAS M**
CITY-ST-ZIP **1049 W. 47TH ST**
MIAMI BEACH, FL 33140

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

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

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

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

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

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **PARKER, STEPHEN J**
CITY-ST-ZIP **6190 WAX MYRTLE WAY**
NAPLES FL 34109

TITLE ☒ Change ☐ Addition
NAME **MGR**
STREET ADDRESS **PARKER, STEPHEN J**
CITY-ST-ZIP **5731 CYPRESS HOLLOW WAY**
NAPLES, FL 34109

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **PARKER, DAVID J**
CITY-ST-ZIP **21727 HELMSDALE RUN**
ESTERO FL 33928

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **JAMES B PARKER** **JAMES B PARKER** **2/24/06** **239-597-5162**

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

Date

Daytime Phone #