2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L98000001801

Entity Name: S.R.J. DEVELOPMENT, L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
309 HARBOR DR. BELLEAIR BEACH, FL 33786	

Current Mailing Address:	**New Mailing Address:**
309 HARBOR DR. BELLEAIR BEACH, FL 33786	

FEI Number: 59-3532932   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FOX, GREGORY A 28050 U.S. 19 NORTH, SUITE 100 CLEARWATER, FL 33761 US	

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/MEMBERS: ADDITIONS/CHANGES:

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	SZASZ, STEVE	Name:	
Address:	309 HARBOR DR	Address:	
City-St-Zip:	BELLEAIR BEACH, FL 33786	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	SZASZ, ROBERT	Name:	
Address:	309 HARBOR DR	Address:	
City-St-Zip:	BELLEAIR BEACH, FL 33786	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	ADLER, LAZLO	Name:	ADLER, LASZLO
Address:	309 HARBOR DR	Address:	309 HARBOR DR
City-St-Zip:	BELLEAIR BEACH, FL 33786	City-St-Zip:	BELLEAIR BEACH, FL 33786

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVE SZASZ   MGR   03/27/2003
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date