


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90073 045 \*\*\*138.75

<b>DOCUMENT # L99000001941</b>	
1. Entity Name STJ VENTURES, L.C.	

Principal Place of Business 6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487	Mailing Address 6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent  KRONGOLD, RANDI M ESQ KRONGOLD & SINGER, P.L. 201 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES, FL 33134	
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**60010761**



02062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0984428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STJ MANAGEMENT, INC. 6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Sean Leder 2/14/08 561-995-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #