

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004978

Entity Name: SJB GROUP, LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

5745 ESSEN LANE, STE. 200  
BATON ROUGE, LA 70810

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1751  
BATON ROUGE, LA 70821

## New Mailing Address:

FEI Number: 72-0454164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR  
STE A  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: BARRY, WILFRED B  
Address: P.O. BOX 1751  
City-St-Zip: BATON ROUGE, LA 70821

Title: S ( ) Delete  
Name: DIVINCENTI, BLISS  
Address: P.O. BOX 1751  
City-St-Zip: BATON ROUGE, LA 70821

Title: VP (X) Delete  
Name: ROBERTSON, MICKEY  
Address: P.O. BOX 1751  
City-St-Zip: BATON ROUGE, LA 70821

Title: VP (X) Delete  
Name: IVY, DARYL  
Address: P.O. BOX 1751  
City-St-Zip: BATON ROUGE, LA 70821

Title: VP ( ) Delete  
Name: MORALES, GARNER  
Address: P.O. BOX 1751  
City-St-Zip: BATON ROUGE, LA 70821

## ADDITIONS/CHANGES:

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

Title: T (X) Change ( ) Addition  
Name: POCHE, THOMAS  
Address: P.O. BOX 1751  
City-St-Zip: BATON ROUGE, LA 70821

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

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

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

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: WILFRED BARRY

P

04/28/2009

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