

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000078470																																										
1. Entity Name STJ MANAGEMENT INC.																																										
Principal Place of Business C/O LEDER GROUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487		Mailing Address C/O LEDER GROUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ SUNTRUST INTERNATIONAL CENTER ONE SE 3RD AVENUE SUITE 2400 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS		1100000462387 03/21/06-80035-003 150.00																																								
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>LEDER, SEAN M</td></tr><tr><td>STREET ADDRESS</td><td>6530 WEST ROGERS CIRCLE SUITE 31</td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON, FL 33487</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>LEDER, JOSHUA</td></tr><tr><td>STREET ADDRESS</td><td>6530 WEST ROGERS CIRCLE SUITE 31</td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON, FL 33487</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	LEDER, SEAN M	STREET ADDRESS	6530 WEST ROGERS CIRCLE SUITE 31	CITY-ST-ZIP	BOCA RATON, FL 33487	TITLE	D	NAME	LEDER, JOSHUA	STREET ADDRESS	6530 WEST ROGERS CIRCLE SUITE 31	CITY-ST-ZIP	BOCA RATON, FL 33487	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.																																										
SIGNATURE: <u>Sean M Leder</u> 3/4/06 561-995-7878 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																										