

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072509

**FILED**  
**Apr 03, 2006**  
**Secretary of State**

**Entity Name:** SJL RESIDENCES/INVESTMENTS, INC.

**Current Principal Place of Business:**

445 GRAND BAY DR.  
APT PH-1A  
KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:**

**Current Mailing Address:**

890 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 58-2270209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAMER, JAMES  
4225 PONCE DE LEON BV  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

KRAMER, JAMES  
890 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 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: JAMES I KRAMER

04/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LOWE, SHELDON J  
Address: 445 GRAND BAY DR. APT 906  
City-St-Zip: KEY BISCAYNE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELDON LOWE

DP

04/03/2006

Electronic Signature of Signing Officer or Director

Date