

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90135 047 ****50.00

DOCUMENT # L0200001165b
1. Entity Name

SJS Consulting LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9960 Majorca PL. Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Boca Raton, FL		City & State		4. FEI Number 02-0605342	Applied For Not Applicable
Zip 33434	Country Palm Beach	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Stephen Smith	
Street Address (P.O. Box Number is Not Acceptable) 9960 Majorca Pl	
City Boca Raton	Zip Code FL 33434

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

7/21/2004

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Stephen Smith 9960 Majorca Pl Boca Raton FL 33434
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

7/21/2004

5614836888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #