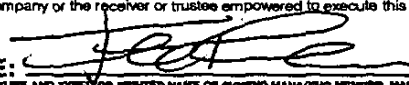


FILED
Feb 12, 2004 8:00 am
Secretary of State

01-14-2004 90039 011 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000039866			
1. Entity Name SJI INVESTMENTS, LLC			
Principal Place of Business 8817 CYPRESS RESERVE CIR ORLANDO, FL 32836		Mailing Address 8817 CYPRESS RESERVE CIR ORLANDO, FL 32836	
2. Principal Place of Business 8817 Cypress Reserve Circle Suite, Apt. #, etc.		3. Mailing Address 8817 Cypress Reserve Circle Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, Florida	
Zip 32836		Zip 32836	
Country U.S.		Country U.S.	
4. FEI Number 20-0341859		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRALEY, JOHN A 8817 CYPRESS RESERVE CIR. ORLANDO, FL 32836		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 Signature, typed or printed name of registered agent and job if applicable. (NOTE: Registered Agent signature required when resigning.) DATE			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGR FRALEY, JOHN A 8817 CYPRESS RESERVE CIR. ORLANDO, FL 32836		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGR FRALEY, THERESA 8817 CYPRESS RESERVE CIR. ORLANDO, FL 32836		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 		01/12/04 (407)876-1583	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	