2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015963

1. Entity Name

SHS INVESTMENTS, L.L.C.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90569 035 ****50.00

			ĺ	COO WE THE				
Principal Pla	ce of Business	Mailing Address			1			
806 EAST 25TH STREET SANFORD FL 32771		806 EAST 25TH STREET SANFORD FL 32771		20003315				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Cuite And Harts						
City & State		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
		City & State			4. FEI Number	59-3750158		Applied For Not Applicable
Zip 	Country	Zip	Country		5. Certificate of	f Status Desired	□ \$5.00 Fee Rec	Additional
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	Address of New Re	gistered Agent	
CAMPECIE CTANIEVIL				Name				
806	IDEFUR, STANLEY H EAST 25TH STREET		Street A		ss (P.O. Box Number is Not Acceptable)			
SAN	FORD FL 32771							·
			~	City				Code
the obligat	named entity submits this statement tions of registered agent.	for the purpose of then ping it	ED stered	office or register	agent, or both,	in the State of Florid	da. I am familiar w	vith, and accept
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NO	OTE: Registered Ad	gent signature required	when reinstating)	···-	DATE	
					- Wileri Tellistating)		DATE	
		Make Check Payal		-	nt of State			
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/C	HANGES	
TITLE	MGRM	☐ Delete	TITLE				☐ Chan	ge 🔲 Addition
NAME	SANDEFUR, STANLEY H		NAME					3
STREET ADDRESS	806 EAST 25TH STREET		STREET A	ODRESS				
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-	- ZIP				
TITLE		☐ Delete	TITLE	1		-	Chang	ge 🔲 Addition
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET A					
TITLE		Delete		ZIF		_		
NAME	·	Delete	TITLE NAME	· -			☐ Chang	ge Addition
STREET ADDRESS			STREET A	DDRESS				
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TITLE		☐ Delete	TITLE	-			Chang	ge Addition
NAME			NAME					je 🗀 Addition
STREET ADDRESS			STREET AC	DORESS				
CITY-ST-ZIP		_	CITY-ST-	ZIP				
TITLE	-	☐ Delete	TITLE				☐ Chang	ge 🔲 Addition
NAME			NAME					,- <u> </u>
STREET ADDRESS			STREET AD	DDRESS				J
CITY-ST-ZIP			CITY-ST-	ZIP				
TITLE		☐ Delete	TITLE	-			☐ Chang	e
NAME STREET ADDRESS			NAME		•		·	
STREET ADDRESS CITY-ST-ZIP			STREET AD					ļ
		, <u> </u>	CITY-ST-Z	I				1
11. I hereby ce indicated o	ertify that the information supplied with on this report is true and accurate and ullify company or the received or trueto	h this filing does not qualify for I that my signature shall have	r the exempti the same leg	ion stated in Sec pal effect as if ma	tion 119.07(3)(i), Fade under oath; th	Florida Statutes. I fur at I am a managing	ther certify that the	e information

11. report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Stanley H. Sandefur DE Managing Member

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

1/6/03

Date

407-321-8200

Daytime Phone #