Frm#myCF005250

2002 UNIFORM BUSINESS REPORT (UBR)

650210525O

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90405 030 ****55.00

DOCUMENT # L01000015989

1. Entity Name

SJS FALLING WATERS LLC

Principal Place of Business	Mailing Address
2025 GARCIA AVE ATTN: RON GONG MOUNTAIN VIEW CA 94043	2025 GARCIA AVE. ATTN: RON GONG MOUNTAIN VIEW CA 94043

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2355 Hidden Lake Drive
Street, Apt. #, etc.
Unit #8
City & State
Naples, FL
Zip 34112 Country USA

3. Mailing Address

Street, Apt. #, etc.
City & State
Zip Country

4. FEI Number
94-3408176
Applied for / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
528 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

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.

SIGNATURE
Signature, type or print name of Registered Agent and title if applicable — NOTE: Registered Agent signature required when reinstated — Date

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Steve Savignano 5655 Silver Creek Valley Rd. #BM382 ~~San~~ Jose, ~~CA~~ 95138	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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)(i), 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: [signature] 5/13/02 450-210-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #