

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

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90007 046 ****50.00

DOCUMENT # L01000020845

1. Entity Name

SJS HOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business One Main Street Suite, Apt. #, etc. Suite 200		3. Mailing Address One Main Street Suite, Apt. #, etc. Suite 200	
City & State Tequesta, FL		City & State Tequesta, FL	
Zip 33469	Country Palm Beach	Zip 33469	Country Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0006556	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name Fredrick D. Shaffer

Street Address (P.O. Box Number is Not Acceptable)

One Main Street, Suite 200

City Tequesta, FL Zip Code 33469

**DO NOT WRITE
IN THIS SPACE**

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 Fredrick D. Shaffer

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

DATE

4-12-02

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 Fredrick D. Shaffer One Main Street #200 Tequesta, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Lona Shaffer One Main Street #200 Tequesta, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Sara J. Shaffer One Main Street #200 Tequesta, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lona Shaffer Lona Shaffer

4-12-02 561575-1210

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

D310

Daytime Phone #

CR2E083B (12/01)