2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

2004 JUL -1 AM 8: 50 **DOCUMENT # L03000026737** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name SJS INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 24054519 10 COUNTRY CLUB ROAD **10 COUNTRY CLUB ROAD** SHALIMAR, FL 32579 SHALIMAR, FL 32579 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 CR2E083 (10/03) Chg-LLC 4. FEI Number City & State Applied For City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent: ROSE, JOHN Street Address (P.O. Box Number is Not Acceptable) 10 COUNTRY CLUB ROAD SHALIMAR, FL 32579 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 tifle if applicable (NOTE: Registered Agent signature required when reinstating DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9 me MGR ☐ Delete ME ☐ Change ☐ Addition ROSE, SHERRY L NAME NAME STREET ADORESS 10 COUNTRY CLUB ROAD STREET ADDRESS CITY-ST-7/P CITY-ST-7IP SHALIMAR, FL 32579 MGR Delete TITLE ☐ Change ☐ Addition TITLE ROSE, JOHN NAME NAME STREET ADDRESS 10 COUNTRY CLUB ROAD STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP IMF Datete TITLE ☐ Change ☐ Addition ROSE, STEPHEN NAME 10 COUNTRY CLUB ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NALE NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP Delete ☐ Addillon IIII F TITLE Chance NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TILE Delete me Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. OHY SIGNATURE:

GRING MANAGING MEMBER, MANAGER, OR AUTHORIZED REFRESENTATIVE

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