


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 23 PM 3: 00

<b>DOCUMENT # L03000026737</b> 1. Entity Name SJS INVESTMENTS, L.L.C.	
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Principal Place of Business 10 COUNTRY CLUB ROAD SHALIMAR, FL 32579	Mailing Address 10 COUNTRY CLUB ROAD SHALIMAR, FL 32579
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08112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0116024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  ROSE, JOHN 10 COUNTRY CLUB ROAD SHALIMAR, FL 32579
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSE, SHERRY L 10 COUNTRY CLUB ROAD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSE, JOHN 10 COUNTRY CLUB ROAD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSE, STEPHEN 10 COUNTRY CLUB ROAD SHALIMAR, FL 32579
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: John D. Rose JOHN D. ROSE 8/10/05 (850) 650-6711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #