2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-08-2005 90275 016 ****50.00

DOCUMENT # L04000016990

1. Entity Name
SHS FAIRBANKS GROUP LLC

Principal Place of Business	Mailing Address
2451 NE 4TH AVE POMPANO BEACH, FL 33064	2451 NE 4TH AVE POMPANO BEACH, FL 33064

300004144

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02102005 Chg-LLC CR2E083 (10/03)

4. FEI Number 592 05 0636 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LLOYD GRANET, P.A. 2295 NW CORPORATE BLVD, STE 235 BOCA RATON, FL 33431-7330	Name: Janet Solitt, Esq. Street Address (P.O. Box Number is Not Acceptable): 2451 NE 4th Ave City: Pompano Beach FL Zip Code 33064

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: Janet Solitt (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/5/05

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAN MEM Sidney H Savelle 2451 NE 4th Ave Pompano Beach FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Sidney H Savelle (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date: 4-5-05 Daytime Phone #