


**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000016990</b>			
1. Entity Name <b>SHS FAIRBANKS GROUP LLC</b>			
Principal Place of Business <b>5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067 US</b>		Mailing Address <b>C/O SAVELLE INVESTMENT DYNAMICS 5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03202008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number <b>59-2050636</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOLITT, JANET ESQ 5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 <u><i>Janet Solitt</i></u> <b>Janet Solitt</b> <u>3/20/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 <div style="text-align: right;">U000000873062 04/10/08-80063-017 138.75</div>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAVELLE, SIDNEY H 5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u><i>Sidney H. Savelle</i></u> <u>3/20/08 9543455555</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> <b>Sidney H. Savelle</b>			