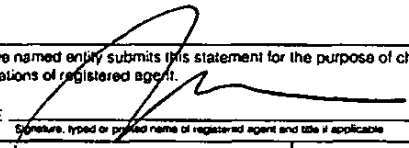


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

07-06-2005 90012 006 ****50.00

DOCUMENT # L04000084028					
1. Entity Name S.J.S., LLC					
Principal Place of Business 125 EAST SUNRISE BOULEVARD FORT LAUDERDALE, FL 33304			Mailing Address 125 EAST SUNRISE BOULEVARD FORT LAUDERDALE, FL 33304		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				06282005 Chg-LLC CR2E083 (10/03) ☒ 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	
SCHECHTER; JEROME R 888 SOUTH ANDREWS AVENUE STE. 201-A FORT LAUDERDALE, FL 33316				Name	
				Street Address (P.O. Box Number is Not Acceptable) 1995 E OAKLAND Park Blvd	
				City FLAuderDALE FL	
				Zip Code 33300	
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  JEROME Schechter 5/28/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRASER, IRVINE 125 EAST SUNRISE BOULEVARD FORT LAUDERDALE, FL 33304		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 				5/28/05 9546580032 Date Daytime Phone #	

30010650

