

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 13 PM 3:33

DOCUMENT # L05000000074					
1. Entity Name SJS HOSPITALITY, LLC					
Principal Place of Business 1732 MARGARET STREET JACKSONVILLE, FL 32204			Mailing Address 1732 MARGARET STREET JACKSONVILLE, FL 32204		
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				☒ 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		
AUSTIN & AUSTIN, P.A. 1400 PRUDENTIAL DRIVE 1 JACKSONVILLE, FL 32207			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) 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	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SPENCER, CHARLES		NAME		
STREET ADDRESS	1732 MARGARET STREET		STREET ADDRESS		
CITY- ST- ZIP	JAX, FL 32204		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SAMPSON, JAMES		NAME		
STREET ADDRESS	1732 MARGARET STREET		STREET ADDRESS		
CITY- ST- ZIP	JAX, FL 32204		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JONES, CARLTON		NAME		
STREET ADDRESS	1732 MARGARET STREET		STREET ADDRESS		
CITY- ST- ZIP	JAX, FL 32204		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			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.

SIGNATURE: *Carita Jones*

N. Gulligan
4/29/05
APT 12 7005