

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90209 008 ****55.00

DOCUMENT # L01000008716

1. Entity Name

J.H.M. INVESTMENTS, L.L.C.

Principal Place of Business

**5728 MAJOR BLVD., STE. 309
 ORLANDO FL 32819-7994**

Mailing Address

**5728 MAJOR BLVD., STE. 309
 ORLANDO FL 32819-7994**

2. Principal Place of Business

3. Mailing Address

%RESIDENCE MANAGEMENT INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209 TOWN CENTER BLVD

City & State

City & State

DAVENPORT, FL

Zip

Country

Zip

Country

33896

USA

4. FEI Number

59-3724691

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

**REILLY, FRED
 95 SOUTH TENTH ST.
 HAINES CITY FL 33844**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Delete
 NAME **JOHN H. MARLING**
 STREET ADDRESS **209 TOWN CENTER BLVD**
 CITY-ST-ZIP **DAVENPORT, FL 33896**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02

863-424-5330

Date

Daytime Phone #

CR2E083 (9/01)