

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008716

1. Entity Name
J.H.M. INVESTMENTS, L.L.C.



Principal Place of Business
209 TOWN CENTER BLVD.
DAVENPORT, FL 33896-5226

Mailing Address
C/O RESIDENCE MANAGEMENT INC
209 TOWN CENTER BLVD
DAVENPORT, FL 33896



01122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000155261
05/05/04-80029-023 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------|
| TITLE | MGRM |
| NAME | MARLING, JOHN H |
| STREET ADDRESS | 209 TOWN CENTER BLVD |
| CITY-ST-ZIP | DAVENPORT, FL 33896 |

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

4/30/04

Date

863-424 5536

Daytime Phone #