2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008716

1. Entity Name

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

Principal Place of Business	Mailing Address
5728 MAJOR BLVD., STE. 309 ORLANDO FL 32819-7994	C/O RESIDENCE MANAGEMENT INC 209 TOWN CENTER BLVD DAVENPORT FL 33896

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	
209 TOWN CENTER BLVD		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State DAVENPORT, FL	City & State	**4.** FEI Number 59-3724691
Zip 33896-5226	Country USA	Zip	Country	**5.** Certificate of Status Desired

	Applied For
	Not Applicable

$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. 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

400022406424
9/08--01020--006 **55.00

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MARLING, JOHN H		NAME			
STREET ADDRESS	209 TOWN CENTER BLVD		STREET ADDRESS			
CITY-ST-ZIP	DAVENPORT FL 33896		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
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E083 (4/03)

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_   8/13/2003   863-424-5536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #