2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022746

1. Entity Name
JAMES STREET INVESTMENTS, LLC

Principal Place of Business	Mailing Address
56 MARINER CAY STUART, FL 34997	56 MARINER CAY STUART, FL 34997

DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
80-0024307		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRECHBILL, MARK E CPA
215 SO FEDERAL HIGHWAY
STE 100
STUART, FL 34994

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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 $138.75
After May 1, 2008 Fee will be $538.75

U00000778317
01/10/08-80040-007 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LASCALA, CARL J
STREET ADDRESS	56 MARINER CAY
CITY-ST-ZIP	STUART, FL 34997
TITLE	MGRM
NAME	DROMERHAUSER, ARTHUR J
STREET ADDRESS	2064 NE AVENIDA DRACAENA
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Carl J. LaScala   1/8/08   772-28-8624

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