2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000001420

1. Entity Name
JOEBETH INVESTMENTS, L.L.C.



Principal Place of Business

1318 LAFAYETTE STREET CAPE CORAL, FL 33904 Mailing Address

1318 LAFAYETTE STREET CAPE CORAL, FL 33904

FILED Apr 09, 2008 08:00 A Secretary of State



01072008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	80-0031321

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904

SIGNATURE.

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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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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04/22/08-80025-004 138.75

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Ī	9.	MANAGING MEMBERS/MANAGERS		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904		
	NAME SIREET ADDRESS CITY-ST-ZIP			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	TITLE NAME STREET ADDRESS CITY - ST- ZIP			
	NAME STREET ADDRESS CHY-SI-ZIP	١,,		
	NAME STREET ADDRESS CITY-S1-ZIP			
ı	11. I hereby certify that the information supplied with this filing does not qualify for the ex			

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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:

Thom w Hell

4-7-08

544-2441

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

Date