## 2004 LIMITED LIABILITY COMPANY \*\* ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L02000006840**

1. Entity Name
JUHL INVESTMENTS, LLC



FILED
Mar 24, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1307 LITTLE BLUE HERON CT. NAPLES, FL 34108 1307 LITTLE BLUE HERON CT. NAPLES, FL 34108



03142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0430534 Applied For Not Applicable

5. Certificate of Status Desired\_

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

JUHL, DONALD R 1307 LITTLE BLUE HERON COURT NAPLES, FL 34108

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| the obligations of registered agent.  SIGNATURE  SIGNATURE  3/15/04                                                                                                                                                                                                                                                                                                        |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|                                                                                                                                                                                                                                                                                                                                                                            | Signature, typed or printed name of registered agent and title it applicable | (NOTE, Registered Agent signature required when reinstating) | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                |                                                                              | ns.                                                          | U00000095367<br>/24/04-80030-005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 50.08 |
| 9.                                                                                                                                                                                                                                                                                                                                                                         | MANAGING MEMBERS/MANAGERS                                                    |                                                              | land to the land t |       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                      | T<br>JUHL, DONALD M<br>1307 LITLE BLUE HERON COURT<br>NAPLES, FL 34108       |                                                              | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP                                                                                                                                                                                                                                                                                                                                       | S<br>JUHL, DONALD R<br>152 FOX GLEN DR<br>NAPLES, FL 34104                   |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                             | VP<br>JUHL, MARGANET<br>152 FOX GLEN DR.<br>NAPLES, FL 34104                 | DO NO                                                        | OT WRITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                      | P<br>JUHL, VALIERIE K<br>1307 LITTLE BLUE HERON CT.<br>NAPLES, FL 34104      | IN TH                                                        | IS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| 11. I hereby certify that the information supplied with this filling 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 |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |

DOUALD M