

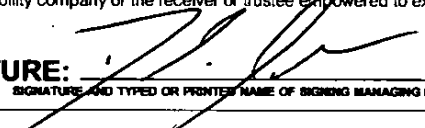


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90037 028 \*\*\*\*50.00

<b>DOCUMENT # L02000006840</b> 1. Entity Name <b>JUHL INVESTMENTS, LLC</b>					
Principal Place of Business <b>1307 LITTLE BLUE HERON CT. NAPLES, FL 34108</b>			Mailing Address <b>1307 LITTLE BLUE HERON CT. NAPLES, FL 34108</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>03-0430534</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>JUHL, DONALD R 1307 LITTLE BLUE HERON COURT NAPLES, FL 34108</b>				7. Name and Address of New Registered Agent Name <b>DONALD M JUHL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1307 LITTLE BLUE HERON COURT</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34108</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>1/10/2006</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JUHL, DONALD M</b> <b>1307 LITTLE BLUE HERON COURT</b> <b>NAPLES, FL 34108</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JUHL, DONALD R</b> <b>152 FOX GLEN DR</b> <b>NAPLES, FL 34104</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JUHL, MARGANET</b> <b>152 FOX GLEN DR.</b> <b>NAPLES, FL 34104</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JUHL, VALERIE K</b> <b>1307 LITTLE BLUE HERON CT.</b> <b>NAPLES, FL 34104</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>DONALD M JUHL</b> <b>1/10/06</b> <b>239-596-1224</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					