AMENDED

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 19 AM 9:48

DOCUMENT # L02000009519

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

Principal Place of Business	Mailing Address
14220 ROYAL HARBOR CT., NO. 707 FT MYERS, FL 33908-6543	14220 ROYAL HARBOR CT., NO. 707 FT MYERS, FL 33908-6543

07112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
12734 Kenwood Lane	
Suite, Apt. #, etc.: Suite 93	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State
Zip: 33907 Country: USA	Zip Country

4. FEI Number: 04-3708565 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAULUS, THOMAS J 14220 ROYAL HARBOR CT 708 FORT MYERS, FL 33908	Name: Linda Haas Street Address (P.O. Box Number is Not Acceptable): 12734 Kenwood Lane Suite 93 City: Fort Myers FL Zip Code: 33907

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Linda Haas MANAGER 7/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PAULAS, THOMAS 14320 ROYAL HARBOR CT #707 FORT MYERS, FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER Linda HAAS 12734 Kenwood Lane Suite 93 Fort Myers, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Linda Haas MANAGER 7/11/05 239-939-9959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #