


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90139 001 ***138.75

DOCUMENT # L02000009519	
1. Entity Name JN INVESTMENTS, L.L.C.	

60007396



Principal Place of Business 12734 KENWOOD LANE SUITE 93 FORT MYERS, FL 33907 US	Mailing Address 12734 KENWOOD LANE SUITE 85 FORT MYERS, FL 33907 US
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <i>Suite 85</i>	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02082008 Chg-LLC CR2E083 (12/06)

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

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
HAAS, LINDA 12734 KENWOOD LANE SUITE 93 FORT MYERS, FL 33907	

7. Name and Address of New Registered Agent	
Name <i>Thomas J. Paulus</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>12734 Kenwood Lane</i>	
<i>Suite 85</i>	
City <i>Fort Myers</i>	FL Zip Code <i>33907</i>

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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAAS, LINDA 12734 KENWOOD LANE, SUITE 93 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Thomas J. Paulus 12734 Kenwood Lane #85 Fort Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Thomas J. Paulus</i>	Date <i>2/8/08</i>	Daytime Phone # <i>239 936 8996</i>
------------------------------------	--------------------	-------------------------------------