## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000019996

1. Entity Name

JHL INVESTMENTS, L.L.C.



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90015 036 \*\*\*\*55.00

JUT INAF	STIMENTS, L.L.C.									
		Mailing Address 819 THOMPSON ROAD LITHIA FL 33547								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nun	4. FEI Number 54-2068696 Applied For Not Applicab			<del></del>	7
Zip Country		Zip	Countr	у		ate of Status Desired		\$5.00 A	dditional	1
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New I	Registered /		eu	$\dashv$
332	BONS, GARY A 1 HENDERSON BOULEVARD IPA FL 33609					Sette LAMPP (P.O. BOX Number is Not Acceptable) 19 THOMPSON ROAD				
				City Lith	111		FL	Zip Co	< 4 /	1
the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	_	I office or register		ooth, in the State of Fi		amiliar with		}
SIGNATURE .	Signature, uped or printed name of registered agent	and title applicable. (NOTE		agent signature required			DATE	0 -0	<u> </u>	
Ĺ		Make Check Payable			nt of State					
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		<del></del>	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WCL DEVELOPMENT, INC. 819 THOMPSON ROAD LITHIA FL 33547	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP				☐ Change	☐ Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS F-ZIP				Change	Addition	CRZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP			~ <del>-</del>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET / CITY-ST		-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A				-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-		,			☐ Change	☐ Addition	
	ertify that the information supplied with on this report is true and accurate and i illity company or the receiver or trustee						further certi	fy that the in or manage	nformation of the	