

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90015 014 \*\*\*\*50.00

**DOCUMENT # L02000021110**

1. Entity Name  
**JH INVESTMENTS, LLC**



Principal Place of Business  
**913 GULF BREEZE PKWY  
#38  
GULF BREEZE, FL 32561 US**

Mailing Address  
**913 GULF BREEZE PKWY  
#38  
GULF BREEZE, FL 32561 US**

**24001737**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**16-1623932**

Applied For  
Not Applicable

Zip Country

Zip Country

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

~~HALL, JO A  
206 WALLOD ST.  
PENSACOLA, FL 32501~~

Name

Street Address (P.O. Box Number is Not Acceptable)  
**913 Gulf Breeze Pkwy., #38**

City **Gulf Breeze**

FL Zip Code **32561**

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

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 May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
HALL, JO A  
913 GULF BREEZE PKWY #38  
GULF BREEZE, FL 32561** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 606, Florida Statutes.

**SIGNATURE:** *Jo A. Hall* **Jo A. Hall**

**1/13/04**

**850-932-3911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #