2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000021110

1. Entity Name
JH INVESTMENTS, LLC

Principal Place of Business	Mailing Address
913 GULF BREEZE PKWY	~~913 GULF BREEZE PKWY~~ P.O. BOX 1---
#38	~~#38~~ GULF
GULF BREEZE, FL 32561 US	GULF BREEZE, FL 32561 US

Breeze, FL 32562

DO NOT WRITE IN THIS SPACE

01072005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
16-1623932	Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, JO A
913 GULF BREEZE PKWY, #38
GULF BREEZE, FL 32561

DO NOT WRITE IN THIS SPACE

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, 2005

9.   MANAGING MEMBERS/MANAGERS

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

DO NOT WRITE IN THIS SPACE

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: _____Jo A Hall_____   01-11-05   850-232-4173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #