


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90317 003 ****50.00

DOCUMENT # L02000021110	
1. Entity Name JH INVESTMENTS, LLC	

Principal Place of Business P.O. BOX 1253 GULF BREEZE, FL 32562 US	Mailing Address P.O. BOX 1253 GULF BREEZE, FL 32562 US
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2. Principal Place of Business - No P.O. Box # 6982 PINE FOREST Rd Suite, Apt. #, etc.	3. Mailing Address 6982 PINE FOREST Rd Suite, Apt. #, etc.
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City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32526	Zip 32526
Country USA	Country USA

6. Name and Address of Current Registered Agent HALL, JO A 913 GULF BREEZE PKWY. #38 GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name MIAMI CENTER REGISTERED AGENTS, LLC Address 2012 S. BISCAYNE BLVD SUITE 1700 City MIAMI	
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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.	4162007 Chg-LLC CR2E083 (12/06)
SIGNATURE 	4/30/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6982 PINE FOREST Rd PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 	4/17/07	(850) 944-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #