


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90095 018 ****50.00

DOCUMENT # L02000028905			
1. Entity Name J.A.L.C. INVESTMENTS, LLC			
Principal Place of Business 3704 S.W. 94 WAY GAINESVILLE, FL 32605		Mailing Address 3704 S.W. 94 WAY GAINESVILLE, FL 32605	
2. Principal Place of Business 8708 SW 34 AVE Suite, Apt. #, etc.		3. Mailing Address 8708 SW 34 AVE Suite, Apt. #, etc.	
City & State GAINESVILLE FL		City & State GAINESVILLE FL	
Zip 32608		Country USA	
4. FEI Number 43-1976514		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 DARR, JOHN M IV 3704 S.W. 94 WAY GAINESVILLE, FL 32605		7. Name and Address of New Registered Agent Name: JOHN M. DARR IV Street Address (P.O. Box Number is Not Acceptable): 8708 SW 34 AVE City: GAINESVILLE FL Zip Code: 32608	
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: <i>John M. Darr IV</i> DATE: 4-5-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARR, JOHN M IV 3704 SW 94 WAY GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8708 SW 34 AVE GAINESVILLE FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEAL, J.R. 9025 NE WALDO RD: GAINESVILLE, FL 32609 <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 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: <i>John M. Darr IV</i>		Date: 4-5-05 352-332-4710 Daytime Phone #	