

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000028905
 1. Entity Name
 J.A.L.C. INVESTMENTS, LLC



Principal Place of Business 8708 SW 34 AVE. GAINESVILLE, FL 32608 US	Mailing Address 8708 SW 34 AVE. GAINESVILLE, FL 32608 US
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DO NOT WRITE IN THIS SPACE



02232008No Chg-LLC CR2E083 (12/07)

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
 8708 SW 34 AVE.
 GAINESVILLE, FL 32608

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARR, JOHN M IV 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
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 03/11/08-80057-007 138.75

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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:  **2/27/08** **352 331 2257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #