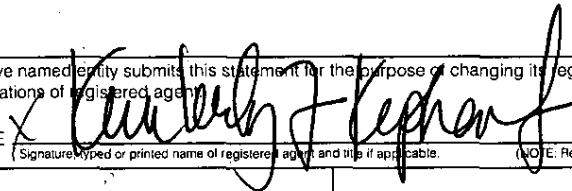


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

03-12-2004 90227 020 ****50.00
07-16-2004 90141 017 ****55.00

DOCUMENT# L03000029648					
1. Entity Name JA-BELLE INVESTMENTS, LLC					
Principal Place of Business 10 NORTH SUMMERLIN AVE UNIT 16 ORLANDO, FL 32801			Mailing Address 10 NORTH SUMMERLIN AVE UNIT 16 ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEL Number 56-2395825	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEPHART, KIMBERLY F 10 NORTH SUMMERLIN AVE UNIT 16 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEPHART, KIMBERLY F 10 NORTH SUMMERLIN AVE UNIT 16 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEPHART, KIMBERLY F 10 NORTH SUMMERLIN AVE UNIT 16 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEPHART, KIMBERLY F 10 NORTH SUMMERLIN AVE UNIT 16 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
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: 		Date: 7/13/04		Daytime Phone #: (407) 908-2516	