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

2004	LIMITED	LIABILI	TY CO	MPANY
•	ANNU	JAL REF	ORT	

DOCUMENT # L03000029648  1. Entity Name JA-BELLE INVESTMENTS, LLC					03-12-2004 90227 020 ****50.00 07-16-2004 90141 017 ****55.00			
Principal Place of Business 10 NORTH SUMMERLIN AVE UNIT 16 ORLANDO, FL 32801		Mailing Address 10 NORTH SUMMERLIN AVE UNIT 16 ORLANDO, FL 32801				1160 ARIO 12160 BIRO 81701 LOUI	IKI KILOMÂL	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062004	Chg-LLC	CR2E083 (10/03)	₹2 ° ° ***	
City & State		City & State		4. FELNumb	0er 2347825		plied For Applicable	
Zip	Country	Zip Country		try	5. Certificate	e of Status Desired	\$5.00 Addi	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	d Address of New Reg	Istered Agent	
KEPHART.	, KIMBERLY F			Name				
10 NORTH SUMMERLIN AVE UNIT 16 ORLANDO, FL 32801				Street Address (	(P.O. Box Numb	per is Not Acceptable)		
			$\int_{-\infty}^{\infty}$	City			FL Zip Code	•
8. The above the obligati	named exity submits this statement is ions of exgistered agent.	r the purpose of changing its	egistere	ed office or register	red agent, or bo	oth, in the State of Floric	da. I am familiar with, a	and accept
SIGNATURE	Signature Hyped or printed name of registere lag yr	and title if applicable. (NO	E: Registere	d Agent signature required	d when reinstating)		DATE	
Fil	ing Fee is \$50.00 by September 8, 2004						check:payable.to_	
	y deptember 0, 2004					, tonda L		
9.	MANAGING MEMB	<del></del>	10,			ADDITIONS/C		
TITLE NAME	MGR KEPHART, KIMBERLY F	☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS 10 NORTH SUMMERLIN AVE UN ORLANDO, FL 32801		NIT 16		ET ADDRESS -ST-ZIP				
TITLE	7	☐ Delete	mu	ſ		· <del></del>	☐ Change	☐ Addition
NAME STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		☐ Delete	TITU	-ST-ZIP			Change	☐ Addition
NAME			NAM	- 1				-
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP				
TITLE		☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS			NAM Stri	SE EET ADDRESS				ł
CITY-ST-ZIP		D 0-1-1-	CITY	-ST-ZIP			☐ Change	Addition
NAME		☐ Delete	NAM	<b>I</b>			Change	L. Addition
STREET ADDRESS				EET ADDRESS (-ST-ZIP				
TITLE		☐ Delete	TITL		·····		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				ME EET ADDRESS (-ST-ZIP				
11. I hereby	certify that the information supplied will to this report is true and accurate an	th this filing does not qualify to	or the exe	emption stated in S	ection 119.07(3	3)(i), Florida Statutes. I f	urther certify that the in	nformation
limited lia	on this report is true and accorate an ability company or the receiver or trust	eelempowered to execute thi	s report a	s required by Char	pter 608, Florida	a Statutes.	ig member of manage	
SIGNATURE: > (407)908-2516								