2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 28, 2005 08:00 AM DOCUMENT # L03000044241 **Secretary of State** 1. Entity Name J & L INVESTMENTS LLC Mailing Address Principal Place of Business 460 REBSTOCK BLVD 460 REBSTOCK BLVD PALM HARBOR FL 34683 PALM HARBOR FL 34683 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) Applied For 4. FEI Number City & State City & State 37-1479895 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENNEY, JAMES W Street Address (P.O. Box Number is Not Acceptable) 460 REBSTOCK BLVD PALM HARBOR FL 34683 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 U00000202040 Make Check Payable to Florida Department of State 01/28/05-80093-003 50.00 Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10 ☐ Change ☐ Addition MLÉ MGR Delete THE NAME NAME PENNEY, JAMES STREET ADDRESS 460 REBSTOCK BLVD STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Change Addition MGR ☐ Delete TITLE NAME NAME PENNEY, LINDA STREET ADDRESS STREET ADDRESS 460 REBSTOCK BLVD CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THLE TIT1 F NAME STREET ADDRESS STREET AUDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete mile HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLIY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME LAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Detete HILE NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CUY-SI-7P 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:

FILED