2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# L03000046696

Entity Name: JNS INVESTMENTS, L.L.C.

Current Principal Place of Business:

1871 BLANDING BLVD.
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11508
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 20-0748453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, PHYLLIS L
5084 LOSCO ROAD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	BRANCH, GWENDOLYN L MRS.	
Address:	6114 KELLOW DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	MGRM	( ) Delete
Name:	ARNOLD, PHYLLIS L	
Address:	5084 LOSCO ROAD	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	MGRM	( ) Delete
Name:	CAMLIN, NORMA G	
Address:	12966 BEAR PAW PLACE	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	MGRM	( ) Delete
Name:	CAMLIN, JOHN C	
Address:	12966 BEAR PAW PLACE	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	MGRM	( ) Delete
Name:	LEE, BARRY W	
Address:	4016 WINDHOVER LANE	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	MGR	( ) Delete
Name:	LEE, LAURA M	
Address:	4016 WINDHOVER LANE	
City-St-Zip:	MIDDLEBURG, FL 32068	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GWENDOLYN L. BRANCH MGRM 04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date