2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 08, 2005 08:00 AM Secretary of State **DOCUMENT # L03000055585** JH INVESTMENTS II, L.L.C. Mailing Address Principal Place of Business 913 GULF BREEZE PKWY #38 913 GULF BREEZE PKWY #38 GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 02042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0593521 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALL, JO A DO NOT WRITE 913 GULF BREEZE PKWY #38 GULF BREEZE, FL 32561 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, TITLE HALL, JO A NAME STREET ADDRESS 913 GULF BREEZE PKWY #38 GULF BREEZE, FL 32561 CITY-SY-ZIP U00000294116 TITLE NAME 04/08/05-80056-014 50.00 STREET ADDRESS C!TY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 it 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: So Ce Hell

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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**FILED** 

Daytime Phone #