FILED **2006 LIMITED LIABILITY COMPANY** Jan 19, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L03000055585 01-19-2006 90064 003 ****50.00 JH INVESTMENTS II, L.L.C. Principal Place of Business Mailing Address 913 GULF BREEZE PKWY #38 -913 GULF BREEZE PKWY #38-GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 32562 P.O. BOX 1253, Gulf Breeze, FL 01112006No Chg-LLC CR2E083 (11/05) 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 Fiorida. 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: Recistered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, JO A 913 GULF BREEZE PKWY #38 GULF BREEZE, FL 32561
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 timited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

D TYPED OR BUSITED HAME OF SIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/05

Daytime Phone #