

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90179 030 ****50.00

60035571



04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1241768 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L04000019606
1. Entity Name
JUST US INVESTMENTS, LLC



Principal Place of Business 3401 SOUTH FEDERAL HIGHWAY FORT PIERCE, FL 34982 US
Mailing Address 1206 FOSTER MILL LANE BOYNTON BEACH, FL 33436 US

2. Principal Place of Business - No P.O. Box # 4290 10th Ave N
3. Mailing Address

Suite, Apt. #, etc. 103 Suite, Apt. #, etc.

City & State LAKE WORTH City & State

Zip 33461 Country PALM Zip Country

6. Name and Address of Current Registered Agent
MILLER, BONNIE S
9050 PINES BLVD
SUITE 384
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTICO, PHILIP 101 NORTH US 1, SUITE 112 FORT PIERCE, FL 33495 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Date 4-7-07 Daytime Phone # 772-475-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE