

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019606

Entity Name: JUST US INVESTMENTS, LLC

FILED  
Jan 30, 2009  
Secretary of State

## Current Principal Place of Business:

4290 10TH AVE NORTH  
SUITE 103  
LAKE WORTH, FL 33461 US

## Current Mailing Address:

4290 10TH AVE N STE 103  
LAKE WORTH, FL 33461 US

## New Principal Place of Business:

1301 WHITE OAK LANE  
FORT PIERCE, FL 34951 US

## New Mailing Address:

1301 WHITE OAK LANE  
FORT PIERCE, FL 34951 US

FEI Number: 20-1241768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, BONNIE S  
9050 PINES BLVD  
SUITE 384  
PEMBROKE PINES, FL 33024 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/MANAGERS:

Title: MGRM ( ) Delete  
Name: ANTICO, PHILIP  
Address: 101 NORTH US 1, SUITE 112  
City-St-Zip: FORT PIERCE, FL 33495 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ANTICO, PHILIP  
Address: 101 NORTH US 1, SUITE 112  
City-St-Zip: FORT PIERCE, FL 33495 US

Title: MGRM ( ) Change (X) Addition  
Name: RAPUZZI, GEORGE  
Address: 1301 WHITE OAK LANE  
City-St-Zip: FORT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHILIP ANTICO

MGR

01/30/2009

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