

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2008 MAY -1 AM 10:41

TO ACKNOWLEDGE
SUFFICIENCY OF FILING



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

DOCUMENT # L04000025775

1. Entity Name
HJ INVESTMENTS, L.L.C.



Principal Place of Business
3695 ESPLANADE WAY
TALLAHASSEE, FL 32301

Mailing Address
3695 ESPLANADE WAY
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #
2053 Warick Street

3. Mailing Address
2053 Warick Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State
Tallahassee, Florida

Zip
32310

Country
USA

Zip
32310

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNEY-WILLIAMS, OPAL ESQ.
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

Name
J.D. Howard

Street Address (P.O. Box Number is Not Acceptable)
2053 Warick Street

Tallahassee, Florida 32310

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 30, 2008

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOWARD, J D
3695 ESPLANADE WAY
TALLAHASSEE, FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500128007985
05/01/08--01009--016 **50.00

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

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

Date

Daytime Phone #

Jimmy D Howard

30 April 08