2008 LIMITED LIABILITY COMPANY

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| ANNUAL REPORT | | | | Mar 24, 2008 08 | | |
|---|---|--|--|--|---|--|
| DOCUMENT # L0400040630 1. Entity Name JLLM INVESTMENTS, LLC | | | | Secretary of St | | |
| Principal Plac 8911 CRANE FORT MYERS | ES NEST CT | Mailing Address 8911 CRANES NEST CT FORT MYERS, FL 33908 | | | | |
| - | A NOT MOTE | - 111 | | 03142008No Chg-LLC | CR2E083 (12/07) | |
| D | OO NOT WRITE | E IN THIS SPA | ICE T | 4. FEI Number 20-1476841 5. Certificate of Status Desired | Applied For Not Applicable \$5.00 Additional For Required | |
| | 6. Name and Address of Current | Registered Agent | 1 | | Pop Required | |
| MANOS, JOSEPHINE L 8911 CRANES NEST CT FORT MYERS, FL 33908 | | | | DO NOT W | | |
| the obligat | named entity submits this statement fitions of registered agent. Signature, lyped or printed name of registered agen | | ered office or register | | lorida. I am lamiliar with, and accept | |
| | NOW!!!" FEE IS \$138.75" y 1, 2008 Fee will be \$538.7 | 5 | - ometical and a second a second and a second a second and a second an | | · | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMB MGR MANOS, JOSEPHINE L 8911 CRANES NEST CT FORT MYERS, FL 33908 | ERS/MANAGERS | '. | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | U00000 04/09/08- | 1868658 -80017-023 138.75 | |
| TIFLE NAME STREET ADDRESS CHY-ST-ZIP | | | | DO NOT W | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | : , | • | | IN THIS SI | PACE | |
| TITLE | 448 | 11. 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | and a company of the | e anno me de la constante de l | aussess par de l'American d'important d'important d'important d'important d'important d'important d'important d | |

11. I nereby 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: V

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST*ZIP TITLE NAME

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

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marine

1201 · /Date

Daytime Phone #