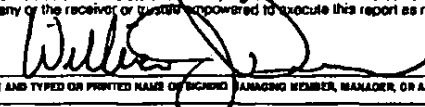


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4.

FILED
Jun 15, 2005 8:00 am
Secretary of State

04-12-2005 90022 037 ****50.00

DOCUMENT # L04000046024			
1. Entity Name JLA INVESTMENTS, LLC			
Principal Place of Business 304 S HARBOR CITY BOULEVARD, SUITE 201 MELBOURNE, FL 32901		Mailing Address 304 S HARBOR CITY BOULEVARD, SUITE 201 MELBOURNE, FL 32901	
2. Principal Place of Business 907 Nelson Dr		3. Mailing Address 907 Nelson Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, State Melbourne FL		City, State Melbourne FL	
Zip 32940		Country USA	
4. FBI Number		Applied For Not Applicable	
5. Certificate of Status Desired		Additional Fee Required	
6. Name and Address of Current Registered Agent PETTIGREW, WILLIAM J III 907 NELSON DRIVE MELBOURNE, FL 32940			
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			
Filing Fee is \$50.00 Due by May 1, 2005			
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	William J Pettigrew III 907 Nelson Dr Melbourne FL 32940 ☐ Delete ☒ Change ☐ Addition managing partner	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Mary A Hidalgo 107 Cedar Point Lane Longwood, FL 32779 ☐ Delete ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Leigh W. Pettigrew 148 Canterback Island Drive Satellite Bch, FL 32937 ☐ Delete ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.071(3)(c), 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: 4/8/05 321 725 0400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			