FILED
Jun 15, 2005 8:00 am
Secretary of State
04-12-2005 90022 037 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000046024

1. Entity Name
JLA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
304 S HARBOR CITY BOULEVARD, SUITE 201 MELBOURNE, FL 32901	304 S HARBOR CITY BOULEVARD, SUITE 201 MELBOURNE, FL 32901

2. Principal Place of Business	3. Mailing Address
907 Nelson Dr	907 Nelson Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne FL	City & State: Melbourne FL
Zip: 32940 Country: USA	Zip: 32940 Country: USA

02142005 Chg-LLC CR2E083 (10/03)

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 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 _____ DATE
Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete 907 Nelson Dr managing Partner Melbourne Fla 32940	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mary A Hidalgo ☐ Delete 107 Cedar Point Lane Longwood Fl 32779	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leigh W. Pettigrew ☐ Delete 148 Canternback Island Drive Satellite Bch, Fl 32937	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William J Pettigrew III 4/8/05 321 725 0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #