

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046024

Entity Name: JLA INVESTMENTS, LLC

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

407 NELSON DR
MELBOURNE, FL 32940

New Principal Place of Business:

907 NELSON DR
MELBOURNE, FL 32940

Current Mailing Address:

407 NELSON DR
MELBOURNE, FL 32940

New Mailing Address:

907 NELSON DR
MELBOURNE, FL 32940

FEI Number: 20-1301570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETTIGREW, WILLIAM J III
907 NELSON DRIVE
MELBOURNE, FL 32940 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: MGRP () Delete
Name: PETTIGREW, WILLIAM J
Address: 907 NELSON DR
City-St-Zip: MELBOURNE, FL 32940

Title: MGRP () Delete
Name: HIDALGO, MARY A
Address: 107 CEDAR POINT LANE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRP () Delete
Name: PETTIGREW, LEIGH W
Address: 148 LANTERNBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J PETTIGREW

MNGR

01/09/2006

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