



**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90041 030 \*\*\*\*50.00

DOCUMENT # L04000050711 1. Entity Name JODONI INVESTMENTS, L.L.C.					
Principal Place of Business 9572 OXFORD ST NAPLES FL 34109		Mailing Address 9572 OXFORD ST NAPLES FL 34109			
2. Principal Place of Business		3. Mailing Address		 1st MOORE CR2E083 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
				4. FEI Number 41-2147230	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  MIKKELSEN, PAW K 9572 OXFORD ST NAPLES FL 34109			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIKKELSEN, PAW K		NAME		
STREET ADDRESS	9572 OXFORD ST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIKKELSEN, ELIZABETH A		NAME		
STREET ADDRESS	9572 OXFORD ST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Elizabeth A Mikkelsen</i>			Date: 4-7-05 239-254-1758		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		