2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000052437

1. Entity Name
JWJJ INVESTMENTS, LLC

Principal Place of Business	Mailing Address
1201 U.S. HIGHWAY ONE, SUITE 435 NORTH PALM BEACH, FL 33408	1201 U.S. HIGHWAY ONE, SUITE 435 NORTH PALM BEACH, FL 33408

2. Principal Place of Business - No P.O. Box #
2401 PGA BLVD
Suite, Apt. #, etc.
SUITE 186
City & State
PALM BEACH GARDENS FL
Zip 33410   Country USA

3. Mailing Address
2401 PGA BLVD
Suite, Apt. #, etc.
SUITE 186
City & State
PALM BEACH GARDENS FL
Zip 33410   Country USA

01032007   Chg-LLC   CR2E083 (12/06)

4. FEI Number
20-1399992
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KENNY, JAMES M
1201 US HIGHWAY ONE
STE 435
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2401 PGA BLVD
SUITE 186
City PALM BEACH GARDENS   FL   Zip Code 33410

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 _James m. K_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

			10.		ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition	
NAME	KENNY, JAMES M		NAME			
STREET ADDRESS	1201 U.S. HIGHWAY ONE, SUITE 435		STREET ADDRESS	2401 PGA BLVD, SUITE 186		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: _James m. K_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date 1-5-07
Daytime Phone # 561-691-1228