

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90056 049 ****50.00

DOCUMENT # L04000069893

1. Entity Name
J L H INVESTMENTS LLC



Principal Place of Business
1925 GOLDENROD WAY
PORT ORANGE, FL 32128

Mailing Address
1925 GOLDENROD WAY
PORT ORANGE, FL 32128

40058420



2. Principal Place of Business
2918 Cypress Ridge Tr
Suite, Apt. #, etc.

3. Mailing Address
← same
Suite, Apt. #, etc.

04202006 Chg-LLC CR2E083 (11/05)

City & State
Port Orange, FL
Zip
32128
Country
US

City & State
Zip
Country

4. FEI Number
20-1659165
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, JUDY
1925 GOLDENROD WAY
PORT ORANGE, FL 32128

Name
Judy Martin
Street Address (P.O. Box Number is Not Acceptable)
2918 Cypress Ridge Trail
City
Port Orange
FL
Zip Code
32128

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 *Judy H. Martin*
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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
MGR
NAME
MARTIN, JUDY
STREET ADDRESS
1925 GOLDENROD WAY
CITY-ST-ZIP
PORT ORANGE, FL 32128 ☐ Delete

TITLE
MGR
NAME
Judy Martin
STREET ADDRESS
2918 Cypress Ridge Tr
CITY-ST-ZIP
Port Orange, FL 32128 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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 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: *Judy H. Martin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/06
Date

Daytime Phone #