


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90033 036 ****50.00

DOCUMENT # L04000073834 1. Entity Name JIREH INVESTORS, LLC			
Principal Place of Business 105 EAST DELAWARE TAVARES, FL 32778		Mailing Address PO BOX 733 TAVARES, FL 32778	
2. Principal Place of Business - No P.O. Box # 10215 Joanie's Run		3. Mailing Address 10215 Joanie's Run	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Leesburg FL		City & State Leesburg FL	
Zip 34788		Zip 34788	
Country 		Country 	
4. FEI Number 20-2258252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILEY, TOM 206 NORTH 3RD STREET LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name MIKE COVEN Street Address (P.O. Box Number is Not Acceptable) 10215 JOANIE'S RUN City LEESBURG FL Zip Code 34788	
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 <u><i>Mike Coven</i></u> DATE <u>4-16-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVEN, MIKE PO BOX 733 TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Mike Coven</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/16/07</u> Daytime Phone # <u>352 504 7328</u>	