



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

03-30-2005 90162 022 ****50.00

DOCUMENT # L04000081846					
1. Entity Name JH INVESTMENTS, LLC					
Principal Place of Business 3155 N.W. 82ND AVENUE, SUITE 101 MIAMI, FL 33122			Mailing Address 3155 N.W. 82ND AVENUE, SUITE 101 MIAMI, FL 33122		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03222005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent				4. FEI Number 20-2741129	
LEWIS, HAROLD L ONE BISCAYNE TOWER, SUITE 2400 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JASON, DORAN	NAME			
STREET ADDRESS	3155 N.W. 82ND AVENUE, SUITE 101	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP			
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JASON, JEANNETTE	NAME	Jason, Jeannette		
STREET ADDRESS	476 BOSPHOROUS AVENUE	STREET ADDRESS	476 Bosphorous Avenue		
CITY-ST-ZIP	TAMPA, FL 33608	CITY-ST-ZIP	Tampa, FL 33606		
TITLE	MGR <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEWETT, DWIGHT	NAME			
STREET ADDRESS	3155 N.W. 82ND AVENUE, SUITE 101	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		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: 			Managing Member. 3/26/05 305 592-7606		
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		