FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90036 041 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400009 1. Entity Name EU-US (INVESTMENT, LLC	OCUMENT # L04000090712 Entity Name J-US INVESTMENT, LLC			runcaa10			
Principal Flace of Business 4351 BAYOU SOUND LONGBOAT KEY, FL 34228 US	Mailing Address 4351 BAYOU SOUND LONGBOAT KEY, FL		us		EDIN GITTI KUNIL ZEM JEM	I SSII BUNI SSII 1880 -	
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.				04012006	Chg-LLC	CR2E083 (11/	/05)
City & State	City & State			4 FEI Numbe	61081	<u> </u>	Applied For
Zip Country	Zip	Country		l	of Status Desired	\$5.00	Not Applicable Additional
6. Name and Address of Current	Registered Agent	'		7 Marra and	Address of New R	Fee Res	drived
CASON, NANCY E ESQ.		`	Name	r. wante and	MOUNTS OF RESERVO	egistered Agent	
1900 RINGLING BOULEVARD SARASOTA, FL 34236			Street Address (I	P.O. Box Numbe	r is Not Acceptable)	<u>.</u>
		-	City				
8. The above named entity submits this statement to	or the present of the day of		•				Code
The above named entity submits this statement to the obligations of registered agent.	n ne barbose o cusudiad it	is registered	foffice or registere	ed agent, or both	n, in the State of Flor	rida. I am familiar v	with, and accept
SIGNATURE Signature, typed or printed name of registered agent	and title if expanding. (NC)	IIF: Reministrant A	Quart signature required				
	T		Ann advance (addison)	ernen reinezenig)	1 7 7	DATE	
Filing Fee is \$50.00 Due by May 1, 2006				Ţ	Make Florida	check payable Department of S	to Late
9. MANAGING MEMBE		10.			ADDITIONS/	CHANGES	A Section of Section
NAME DE WAAL, CHARLOTTE	Defete	TITLE NAME				Chan	ge Addition
STREET ADDRESS 4351 BAYOU SOUND			ADDRESS				
CITY-ST-ZIP LONGBOAT KEY, FL 34228		CITY-ST	r-2tP				
ITILE MGRM NAME HAGMAN, HELMER	C Dedete	TITLE				☐ Chan	ge 🗆 Addition
STREET ADDRESS 4351 BAYOU SOUND		NAME STREET A					
CITY-ST-ZIP LONGBOAT KEY, FL 34228		CITY-ST-					
TITLE	☐ Celete	TITLE				☐ Chan	na Dârddilan
NAME Stricet auchess		NAME				CT CHARK	ge 🔲 Addition
CITY- ST-ZIP		STREET A					
TITLE	☐ Delete	TITLE	-21	_ 			
NAME	us bota,	NAME				Chang	pe ☐ Addition
STREET AODRESS CITY-ST-ZIP		STREET AS CITY-ST-	1				
MILE	☐ Delete	TITLE					
MAME Street Address (NAME				☐ Chang	e 🗌 Addition
DITY-ST-ZIP		STREET AL					
ITLE	☐ Detete	CITY-ST-	ur				
AME	LI DESE	TITLE NAME				Change	e 🔲 Addition
TREET ADDRESS ITY-ST-ZIP		STREET AC	j,				
1 I haraby contify that the later of	his tiling does not a write.	CITY-ST-	L _				····
 I hereby certify that the information supplied with indicated on this report is true and accurate and illimited liability company or the receiver or trustee 	hat ma signature shall have the empowered to execute this r	ine exempti the same leg report as req	ions contained in gat effect as if mac juired by Chapter	Chapter 119, Flo de under oath; th 608, Florida Stat	irida Statutes. I furth nat I am a managing tutes.	er certify that the in member or mana	nformation ger of the
SIGNATURE: 400 TYPED OR PROPERTY DAME OF	34			9	1/6/06		
The same of the sa	SCHING MAJACING MEMBER, MAJO	IAGER, OR AUTI	HORIZED REPRESENTA	ATIVE	Date	Ceytime Phone 6	,