


Apr. 21, 2006 10:45AM FOX WACKEEN DUNGEY ET AL  
**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90008 023 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L05000021994</b><br>1. Entity Name<br><b>JM &amp; EM INVESTMENTS LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>12609 52ND ROAD NO.<br/>ROYAL PALM BEACH FL 33411</b> | Mailing Address<br><b>12609 52ND ROAD NO.<br/>ROYAL PALM BEACH FL 33411</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|--|--|



1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent


**HAMILTON, EVELYN**  
**5700 LAKE WORTH RD, #311-5**  
**GREENACRES FL 33463**

4. FEL Number  
**20-2518658**

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

7. Name and Address of New Registered Agent

Name  
**Fox M. Lanning**  
Street Address (P.O. Box Number is Not Acceptable)  
**1100 South Federal Highway**  
**STUART FL 34994**  
City **Stuart FL** Zip Code **34994**

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 **April 10, 2006**

FILE NOW!! FEES \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Single Member: <input type="checkbox"/> Delete<br><b>JOHLIZ HOLDINGS LLC</b><br><b>12609 52nd Road</b><br><b>N. Royal Palm Beach, FL 33411</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **4/3/06** **561/2620810**

Elizabeth Morales  
12609 52<sup>nd</sup> Road North  
Royal Palm Beach Fl 33411

ATTACHMENT  
3000e 26B

April 24, 2006

Florida Department of State  
Division of Corporations  
PO Box 6478  
Tallahassee Fl 32314  
Annual Reports Section

Reference Numbers: L05000021992  
L05000089506  
~~L05000097419~~  
L05000021994

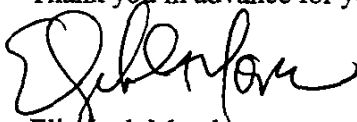
To whom it may concern:

The following reports and reference numbers are being sent to you because I sent out the reports without Federal employer number and without Managers being filled in.

Please attach to reports already mailed in with checks about 2 weeks ago.

I am sorry for the inconvenience. I will be more careful next time filling out reports.

Thank you in advance for your assistance.



Elizabeth Morales  
561262-0810  
Fax 333-9652