2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90217 004 ****50.00

DOCUMENT # L05000026492 1. Entity Name JFF INVESTMENTS, LC						04-07-2006 9	90217 004 ****5	0.00	
	e of Business	Mailing Address	-						
333 WEST BRIDGERS AVENUE AUBURNDALE, FL 33823 US		333 WEST BRIDGERS AVENUE AUBURNDALE, FL 33823 US							
							 61 64 64 65 66 66 66 66 66 66 66	188 2 1 111 18 2 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222006	Chg-LLC	CR2E083 (11/05))		
City & State		City & State			4. FEI Num	2553458		pplied For ot Applicable	
Zip	Country Zip Co		Coun	itry		5. Certificate of Status Desired S5.00 Additional Fee Required			
	6. Name and Address of Current i	Registered Agent			7. Name ar	7. Name and Address of New Registered Agent			
LORD, JERRY				Name					
333 WEST			Street Addr	ess (P.O. Box Num	ber is Not Acceptable) 			
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				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 Superdivice, typed gripper name of registered agent and title if applicable. (NOTE MSSistered Agent signature required when reinstating) DATE DATE									
UNIT CONTROL OF THE C									
	iling Fee is \$50.00 ue by May 1, 2006						e check payable to Department of Sta	te	
9.	MANAGING MEMBE		10.			ADDITIONS/			
NAME	MGRM LORD, JERRY	☐ Delete	TITU NAM				☐ Change	Addition	
STREET ADDRESS	333 WEST BRIDGERS AVE.			ET ADDRESS					
CITY-ST-ZIP	AUBURNDALE, FL 33823	Delete TIT		-ST-ZIP			☐ Change	☐ Addition	
NAME		La Delete	NAM	IE .			Crisings		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS					
CITY-ST-ZIP			1	-ST-ZIP					
TITLE		Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL				☐ Change	☐ Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITE				Change	Addition	
STREET ADDRESS			STRE	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
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.									