

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90139 031 ****50.00

DOCUMENT # L05000027885

1. Entity Name
JLS INVESTMENTS, LLC



Principal Place of Business
4385 S. CHARLES ALBERT POINT
HOMOSASSA, FL 34448

Mailing Address
P.O. BOX 1090
BROOKFIELD, WI 53008

20001921



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

— Suite, Apt. #, etc.

01172006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

16-1725674

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGLIO, JOSEPH G
4385 SOUTH CHARLES ALBERT POINT
HOMOSASSA, FL 34448

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MAGLIO, JOSEPH G
4385 SOUTH CHARLES ALBERT POINT
HOMOSASSA, FL 34448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MAGLIO, ROCHELLE M
18541 FOLLETT DRIVE
BROOKFIELD, WI 53045 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

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: *Rochelle M. Maglio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/19/06 (262) 797-8919

Date

Daytime Phone #

ROCHELLE M. MAGLIO, MGRM