

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063795

Entity Name: JL INVESTMENTS, LLC

FILED  
Feb 14, 2007  
Secretary of State

**Current Principal Place of Business:**

8200 NW 33RD STREET  
105  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

8200 NW 33RD STREET, SUITE 105  
MIAMI, FL 33122

**New Mailing Address:**

FEI Number: 20-3063497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KERN, JAMES W  
8200 NW 33RD STREET, SUITE 105  
MIAMI, FL 33122 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KERN, JAMES W  
Address: 8200 NW 33RD STREET, SUITE 105  
City-St-Zip: MIAMI, FL 33122

Title: MGR ( ) Delete  
Name: KATSIKOS, LEE S  
Address: 8200 NW 33RD STREET, SUITE 105  
City-St-Zip: MIAMI, FL 33122

Title: MGR ( ) Delete  
Name: LOTT, GEORGE  
Address: 1520 BROWN ROAD  
City-St-Zip: KNOXVILLE, TN 37920

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES W KERN

MGMR

02/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date