2007 LIMITED LIABILITY COMPÂNY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000091410

1. Entity Name

JAVÁ INVESTMENT TRUST L.L.C.



FILED Apr 18, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

615 EAST SILVER SPRINGS BLVD. OCALA, FL 34470 PO BOX 4525 OCALA, FL 34478



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-8032098

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AKIN, VAN H 615 EAST SILVER SPRINGS BLVD. OCALA, FL 34470

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKIN, VAN H PO BOX 4525 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERRY, J.A. 7547 SE 110 ST. RD. BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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