


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

04-11-2006 90012 031 ****50.00

DOCUMENT # L05000099474		
1. Entity Name JLS INVESTMENTS, LLC		

Principal Place of Business 22750 SOUTHSORE DRIVE LAND O'LAKES, FL 34639	Mailing Address 22750 SOUTHSORE DRIVE LAND O'LAKES, FL 34639
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3153211	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SCHRENKER, JEROME L 22750 SOUTHSORE DRIVE LAND O'LAKES, FL 34639	

7. Name and Address of New Registered Agent	
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  DIRECTOR	DATE 5-1-06
<small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jerome L. Schrenker 22750 Southshore Dr. Land O' Lakes, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:  JEROME L SCHRENKER	DATE 5-1-06 8B-946-2157
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	