


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000068677

1. Entity Name  
 JR INVESTMENTS, LLC



Principal Place of Business 18514 U.S. HWY 19N STE A CLEARWATER, FL 33764	Mailing Address 18514 U.S. HWY 19N STE A CLEARWATER, FL 33764
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**DO NOT WRITE IN THIS SPACE**



01212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 11-3804036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAY, JAMES J  
 18514 U.S. HWY 19N STE A  
 CLEARWATER, FL 33764

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000890410  
 04/22/08-80094-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAY, JOYCE B TRUSTEE 18514 U.S. HWY 19N STE A CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAY, JAMES J TRUSTEE 18514 U.S. HWY 19N STE A CLEARWATER, FL 33764
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  APR 8 2008 727-535-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #