

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093352

Entity Name: JNA INVESTMENTS, LLC

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

1857 WELLS ROAD SUITE 204
ORANGE PARK, FL 32073

New Principal Place of Business:

950-23 BLANDING BLVD SUITE 324
ORANGE PARK, FL 32065

Current Mailing Address:

1857 WELLS ROAD SUITE 204
ORANGE PARK, FL 32073

New Mailing Address:

950-23 BLANDING BLVD SUITE 324
ORANGE PARK, FL 32065

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHERMAN, THOMAS G ESQ
90 ALMERIA AVE
CORAL GABLES, FL 33134 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: BERNHARD, JOHN W
Address: 1857 WELLS RD, STE 204
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM () Delete
Name: PERRY, ANTWAHN L
Address: 1857 WELLS RD, STE 204
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERNHARD, JOHN W
Address: 3284 TALISMAN DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM (X) Change () Addition
Name: PERRY, ANTWAHN L
Address: 950-23 BLANDING BLVD SUITE 324
City-St-Zip: ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify 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: JOHN W. BERNHARD

MGRM

01/15/2008

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