2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000095563

Entity Name
 JHC INVESTMENTS, LLC

Principal Place of Business

515 NORTH FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401

Mailing Address

515 NORTH FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401

FILED Jan 29, 2008 8:00 am Secretary of State

01-29-2008 90063 043 ***138.75

PUUUAJOO



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number			Applied For
20-5644850			Not Applicable
5. Certificate of Status Desired	\$5.0	-	Additional

DAIF

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable

BREITH SPASAS, LLC C/O MANAGER PATRICK J. CASEY 515 NORTH FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401

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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.		

INO1E: Registered Agent signature required when reinstating)

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

I	У.	MANAGING MEMBERS/MANAGERS			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASEX PATRICK BREITH SPASAS, LUC 515 NORTH FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401			
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	TITLE NAME STREET ADDRESS CITY-SI-ZIP				
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	11. I hereby	certify that the information supplied with this filing does not qualify for the			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 employered 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

1/21/08 56

561-832.5400

Daytimie Phone #