


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-16-2008 90116 038 ***138.75

DOCUMENT # L07000047997			
1. Entity Name JDAVA INVESTMENTS, LLC			
Principal Place of Business 13109 LONG PINE TRAIL CLERMONT, FL 34711 US		Mailing Address 13109 LONG PINE TRAIL CLERMONT, FL 34711 US	
2. Principal Place of Business - No P.O. Box # 301 South Tubb Street		3. Mailing Address P.O. Box 1085	
Suite, Apt. #, etc. Suite 02		Suite, Apt. #, etc.	
City & State Oakland, FL		City & State Oakland, FL	
Zip 34760	Country USA Orange	Zip 34760	Country USA Orange
6. Name and Address of Current Registered Agent PIKE, CHARLES F 13109 LONG PINE TRAIL CLERMONT, FL 34711		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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIKE, CHARLES F 13109 LONG PINE TRAIL CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIKE, CHRISTINE C 13109 LONG PINE TRAIL CLERMONT, FL 34711 <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: _____		3/31/08 (407) 654-9208	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30006597



03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0738966

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required