

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007332

FILED  
May 05, 2004  
Secretary of State

Entity Name: JOINT INVESTMENTS, LLC

**Current Principal Place of Business:**

763 BEAR CREEK CIRCLE  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

763 BEAR CREEK CIRCLE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

FEI Number: 59-3606784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENENDEZ, FERNANDO  
763 BEAR CREEK CIRCLE  
WINTER SPRINGS, FL 32708 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/MEMBERS:**

Title: MEM ( ) Delete  
Name: MENENDEZ, CATHERINE  
Address: 763 BEAR CREEK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MEM ( ) Delete  
Name: MENENDEZ, FERNANDO  
Address: 763 BEAR CREEK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MENENDEZ, CATHERINE  
Address: 763 BEAR CREEK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM (X) Change ( ) Addition  
Name: MENENDEZ, FERNANDO  
Address: 763 BEAR CREEK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHERINE MENENDEZ

MGRM

05/05/2004

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