

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90419 035 ****50.00

DOCUMENT # M94000000018

1. Entity Name
LJH GLOBAL INVESTMENTS, L.L.C.



Principal Place of Business
2640 GOLDEN GATE PKWY STE 205
NAPLES, FL 34105

Mailing Address
2640 GOLDEN GATE PKWY STE 205
NAPLES, FL 34105

20060100



2. Principal Place of Business

Collier Place II

Suite, Apt. #, etc.
3001 TAMIAHI TR. N. STE 302

City & State
NAPLES FL

Zip
34103

Country
USA

3. Mailing Address

Collier Place II

Suite, Apt. #, etc.
3001 TAMIAHI TR. N. STE 302

City & State
NAPLES FL

Zip
34103

Country
USA

01192005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0431110

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEDGES, JAMES R IV
2640 GOLDEN GATE PKWY STE 205
NAPLES, FL 34105

James R Hedges

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Collier Place II

3001 TAMIAHI TR. N. STE 302

City NAPLES FL

Zip Code
34103

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

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

(NOTE: Registered Agent signature required when reinstating)

Make check payable to
Florida Department of State

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HEDGES, JAMES R IV
STREET ADDRESS 2640 GOLDEN GATE PKWY STE 205
CITY-STATE-ZIP NAPLES, FL 34105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☒ Change ☐ Addition
Collier Place II
3001 TAMIAHI TR. N. STE 302
NAPLES FL 34103

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

James R Hedges
3/29/05