

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # M94000000018**

**1. Entity Name**

**LJH GLOBAL INVESTMENTS, L.L.C.**



**Principal Place of Business**

**COLLIER PLACE II  
3001 TAMiami TR N STE 302  
NAPLES, FL 34103**

**Mailing Address**

**COLLIER PLACE II  
3001 TAMiami TR N STE 302  
NAPLES, FL 34103**



**01172006 No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**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  
COLLIER PLACE II  
3001 TAMiami TR N STE 302  
NAPLES, FL 34103**

**DO NOT WRITE  
IN THIS SPACE**

**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 retreating)**

**U000001399609**

**02/01/06-80019-005 50.00**

**Filing Fee is \$50.00.  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGRM  
NAME COLLIER PLACE II  
STREET ADDRESS 3001 TAMiami TR N STE 302  
CITY-ST-ZIP NAPLES, FL 34103**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
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CITY-ST-ZIP**

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CITY-ST-ZIP**

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CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

**Date**

**Daytime Phone #**

**1/17/06 839-403-3030**