

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92181 026 ****50.00

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DOCUMENT # M94000000018

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



Principal Place of Business Mailing Address
801 LAUREL OAK DRIVE, FIFTH FLOOR **801 LAUREL OAK DRIVE, FIFTH FLOOR**
NAPLES FL 34108 **NAPLES FL 34108**

2. Principal Place of Business 3. Mailing Address
2640 GOLDEN GATE PARKWAY **2640 GOLDEN GATE PARKWAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 205 **SUITE 205**

City & State City & State
NAPLES, FLORIDA **NAPLES, FLORIDA**

Zip Country Zip Country
34105 **USA** **34105** **USA**

4. FEI Number Applied For
65-0431110 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
HEDGES, JAMES R IV
801 LAUREL OAK DRIVE, FIFTH FLOOR
NAPLES FL 34108

7. Name and Address of New Registered Agent
 Name
JAMES R. HEDGES, IV
 Street Address (P.O. Box Number is Not Acceptable)
2640 GOLDEN GATE PARKWAY, SUITE 205
 City State Zip Code
NAPLES **FL** **34105**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HEDGES, JAMES R IV 801 LAUREL OAK DRIVE, FIFTH FLOOR NAPLES FL 34108 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HEDGES, JAMES R. IV 2640 GOLDEN GATE PARKWAY, SUITE 205 NAPLES, FLORIDA 34105 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *William W. Williams* **WILLIAMS** 3/12/2003 239-403-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)