2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

	MENT # M990000		r (U	BR)		May 05, 2 Secreta			n	
1. Entity Nam	ne	, , , , , , , , , , , , , , , , , , ,					2180 025 ****5			
Principal Plac 801 LAUREL O NAPLES FL 34		Mailing Address 801 LAUREL OAK DRIVE NAPLES FL 34108				ეუუუათგა				
6	Golden Gate Parkway	3. Mailing Address 2640 Golden Gate Parkway Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Suite 205 City & State Naples, Florida 34105		Suite 205 City & State Naples, Florida 34105			4. FEI Num			Applied For Not Applicable	<u></u>	
Zip 34105	Country	34105	Count USA	ry	5. Certifica	te of Status Desired	55.00 A			
	6. Name and Address of Current Re	gistered Agent			7. Name ar	nd Address of New Reg	istered Agent		_	
HEDGES, JAMES R IV C/O LJH GLOBAL INVESTMENTS, L.L.C. 801 LAUREL OAK DRIVE - FIFTH FLOOR NAPLES FL 34108				Street Ac	dress (P.O. Box Num Golden Gàte	. Hedges, IV ss (P.O. Box Number is Not Acceptable) 1den Gàte Parkway, Suite 205 FL Zio Code 34105				
	named entity submits this statement for the tions of renistered agent.				registered agent, or b	oth, in the State of Floric	la. I am familiar witl	h, and accept		
_ ••		FILE NO Make Check Payable	W!!! F	EE IS \$5	60.00 artment of State					
9.	MANAGING MEMBERS	MANAGERS	10.			ADDITIONS/CH	HANGES		1.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEDGES, JAMES R IV 801 LAUREL OAK DRIVE, 5TH FL. NAPLES FL 34108	☐ Delete		1		MES R. IV N GATE PARKWA ORIDA <u>3</u> 4105	(X) Change		CR2E083 (10/02)	
TITLE Name Street address City-St-Zip	MGRM LJH GLOBAL INVESTMENTS, L.L.C 801 LAUREL OAK DRIVE, 5TH FL NAPLES FL 34108	JIH GLOBAL INVESTMENTS, L.L.C. 301 LAUREL OAK DRIVE, 5TH FL.		T ADDRESS ST-ZIP	2640 GOLDE	M				
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		ET ADDRESS ST-ZIP	,		☐ Change	Addition		
TITLE NAME Street address City-St-Zip		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	, ·	
11. I hereby of indicated limited lial	certify that the information supplied with this on this report is true and accurate and that billity company or the regular for trystee en	s filing does not qualify for t my rignature shall have the provered to execute his re-	the exer ne same eport as	nption state legal effec required by	ed in Section 119.07(3 t as if made under oa y Chapter 608, Florida	l)(i), Florida Statutes. I futh; that I am a managing Statutes.	rther certify that the g member or manag	information ger of the	1	

WILLIS W. WILLIAMS 3/12/2003-