

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90592 001 \*\*\*450.00

DOCUMENT # L01000022439

1. Entity Name  
JK ELDERCARE, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446  
City & State 561.496.2123  
Zip (fax) 561.496.6244 Country

16410 MADDALENA PLACE  
Suite, Apt., etc.  
DELRAY BEACH, FL 33446  
City & State 561.496.2123  
(fax) 561.496.6244  
Zip Country

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4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JEFFREY KUKES**

Street Address (P.O. Box Number is Not Acceptable)  
**16410 MADDALENA PLACE**

**DELRAY BEACH, FL 33446**

City **561.496.2123**

**FL**

Zip Code

(fax) 561.496.6244

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME **JJK MANAGER, INC.**  
STREET ADDRESS  
CITY-ST-ZIP **16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446**

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IN THIS SPACE**

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: \_\_\_\_\_

**JEFFREY KUKES**  
**PRESIDENT** 4/10/02 561-496-2123

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

Date

Daytime Phone #

CR2E083B (12/01)