

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**

04 FEB 17 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000022439**

1. Entity Name  
JK ELDERCARE, LLC



Principal Place of Business 16410 MADDALENA PLACE DELRAY BEACH, FL 33446	Mailing Address 16410 MADDALENA PLACE DELRAY BEACH, FL 33446
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**DO NOT WRITE IN THIS SPACE**



02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-2990417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUKES, JEFFREY  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

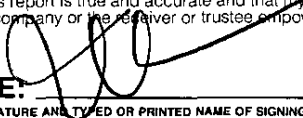
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JK MANAGER, INC 16410 MADDALENA PLACE DELRAY BEACH, FL 33446
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300028925003  
02/17/04--01028--014 \*\*500.00

**DO NOT WRITE 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**  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

561.496.2123