

**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 #** L01000022440

1. Entity Name

JK PGA, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. 16410 MADDALENA PLACE

Suite, Apt. #, etc. 16410 MADDALENA PLACE

CITY & STATE DELRAY BEACH, FL 33446

CITY & STATE DELRAY BEACH, FL 33446

561.496.2123

561.496.2123

Zip (fax) 561.496.6244

Zip (fax) 561.496.6244

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**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.

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 **JK MANAGER, INC.**

NAME  
STREET ADDRESS  
CITY-ST-ZIP 16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 561.496.2123  
(fax) 561.496.6244

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CITY-ST-ZIP

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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:

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

**JEFFREY KUKES,  
PRESIDENT**

Date

Daytime Phone #

**4/10/02 561-496-2123**

CR2E083B (12/01)