

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

04 FEB 17 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02052004 No Chg-LLC

CR2E083 (10/03)

DOCUMENT # L01000022440

1. Entity Name
JK PGA, LLC



Principal Place of Business
16410 MADDALENA PLACE
DELRAY BEACH, FL 33446

Mailing Address
16410 MADDALENA PLACE
DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2990417

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

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

100028925021
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: _____

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

JEFFREY KUKES

**16410 MADDALENA PLACE
DELRAY BEACH, FL 33446**

561 408 2123