

**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 # L01000022516

1. Entity Name

TEX-MEM STRATEGIC LIGHT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16410 MADDALENA PLACE
DELRAY BEACH, FL 33446
City & State 561.496.2123

16410 MADDALENA PLACE
DELRAY BEACH, FL 33446
City & State 561.496.2123
(fax) 561.496.6244

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
 Not Applicable

Zip (fax) 561.496.6244

Zip Country

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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)