


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT-(AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000025268 1. Entity Name TKJ PROPERTIES, L.L.C. |  |
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| Principal Place of Business 4553 BOUGAINVILLE DRIVE LAUDERDALE-BY-THE-SEA FL 33308 | Mailing Address 4553 BOUGAINVILLE DRIVE LAUDERDALE-BY-THE-SEA FL 33308 |
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MOORE CR2E083 (11/03)

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | |
|--------------------------------------|--------------------------------------|
| City & State Zip Country | City & State Zip Country |
|--------------------------------------|--------------------------------------|

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| 4. FEI Number 27-0035174 | Applied For <input type="checkbox"/> Not Applicable |
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| 6. Name and Address of Current Registered Agent JANKOWSKI, TADEUSZ 4553 BOUGAINVILLE DRIVE LAUDERDALE-BY-THE-SEA FL 33308 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|--------------------------------|---------------------------------|-----------------------|--------------------------|---|
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JANKOWSKI, TADEUSZ | | NAME | U00000054653 | |
| STREET ADDRESS | 4553 BOUGAINVILLE DRIVE | | STREET ADDRESS | 02/17/04-80005-006 50.00 | |
| CITY-ST-ZIP | LAUDERDALE-BY-THE-SEA FL 33308 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JANKOWSKI, JADWIGA | | NAME | | |
| STREET ADDRESS | 4553 BOUGAINVILLE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAUDERDALE BY THE SEA FL 33308 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: *[Handwritten Signature]* *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **02-13-04** Daytime Phone # _____