


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000025268**

1. Entity Name  
 TKJ PROPERTIES, L.L.C.



Principal Place of Business 4553 BOUGAINVILLA DRIVE LAUDERDALE-BY-THE-SEA, FL 33308	Mailing Address 4553 BOUGAINVILLA DRIVE LAUDERDALE-BY-THE-SEA, FL 33308
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**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 27-0035174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JANKOWSKI, TADEUSZ  
 4553 BOUGAINVILLA DRIVE  
 LAUDERDALE-BY-THE-SEA, FL 33308

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

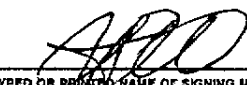
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANKOWSKI, TADEUSZ 4553 BOUGAINVILLA DRIVE LAUDERDALE-BY-THE-SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANKOWSKI, JADWIGA 4553 BOUGAINVILLA DRIVE LAUDERDALE BY THE SEA, FL 33308
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**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)(f), 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:**       **01-14-05**      **954-491-3215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #