


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000025268
1. Entity Name
TKJ PROPERTIES, L.L.C.



Principal Place of Business Mailing Address
4553 BOUGAINVILLA DRIVE 4553 BOUGAINVILLA DRIVE
LAUDERDALE-BY-THE-SEA, FL 33308 LAUDERDALE-BY-THE-SEA, FL 33308

DO NOT WRITE IN THIS SPACE



03072007No Chg-LLC CR2E083 (11/05)

4. FEI Number 27-0035174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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 *Tadeusz Jankowski* DATE 03-14-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000671763
03/28/07-80042-013 50.00

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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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Tadeusz Jankowski* DATE 03-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #