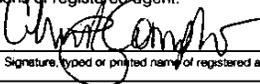
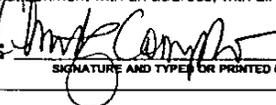


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90040 019 ***150.00

DOCUMENT # P03000064213					
1. Entity Name JK SUNDOWN MANAGER, INC.					
Principal Place of Business 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 33016-5897			Mailing Address 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 33016-5897		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0068596	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 33016-5897			Name Complo, Christy		
			Street Address (P.O. Box Number is Not Acceptable) 7900 Miami Lakes Drive West		
			City Miami Lakes, FL Zip Code 33016		
			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 		Christy Complo, VPS		DATE 4/2/08	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISLAK, JAY I		NAME		
STREET ADDRESS	7900 MIAMI LAKES DR. WEST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 330165897		CITY-ST-ZIP		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTELMO, THOMAS		NAME		
STREET ADDRESS	7900 MIAMI LAKES DR. WEST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 330165897		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN		NAME		
STREET ADDRESS	7900 MIAMI LAKES DR. WEST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 330165897		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CHRISTY		NAME	Complo, Christy	
STREET ADDRESS	7900 MIAMI LAKES DR. WEST		STREET ADDRESS	7900 Miami Lakes Drive West	
CITY-ST-ZIP	MIAMI LAKES, FL 330165897		CITY-ST-ZIP	Miami Lakes, FL 33016-5897	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBOW, CHERYL		NAME		
STREET ADDRESS	7900 MIAMI LAKES DR. WEST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 330165897		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		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 		Christy Complo, VPS		DATE 4/2/08 (305) 364-4101	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	