FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:52

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A07000000417

1. Entity Name
J.K. INVESTMENTS OF PENSACOLA, L.P.

Principal Place of Business	Mailing Address
5049 BASIN AVENUE MILTON, FL 32583 US	5049 BASIN AVENUE MILTON, FL 32583 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04162008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-0522028 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
CORP. CENTER THREE AT INTERNATIONAL PLAZA
4221 W. BOY SCOUT BOULEVARD, 10TH FLOOR
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L07000022687	STREET ADDRESS	800129698228
NAME	J.K. MANAGEMENT, LLC		~~05/16/08 01045 003 **500.00~~
STREET ADDRESS	5049 BASIN AVENUE	CITY ST ZIP	
CITY ST ZIP	MILTON, FL 32583		
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #