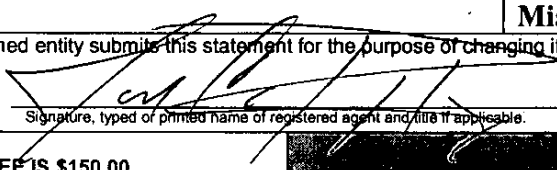
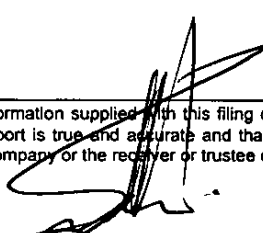


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90282 042 ***150.00

DOCUMENT # F02000006395					
1. Entity Name JKL MIAMI BEACH, INC.					
Principal Place of Business c/o Jose A. Rodriguez, Esq.			Mailing Address c/o Jose A. Rodriguez, Esq.		
2. Principal Place of Business 100 SE 2nd Street			3. Mailing Address 100 SE 2nd Street		
Suite, Apt. #, etc. Suite 2900			Suite, Apt. #, etc. Suite 2900		
City & State Miami, FL			City & State Miami, FL		
Zip 33131		Country US		4. FEI Number 42-2042376	
5. Certificate of Status Desired <input type="checkbox"/>				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			7. Name and address of New Registered Agent		
			Name Jose A. Rodriguez, Esq.		
			Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street		
			Suite 2900		
			City Miami FL Zip 33131		
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.					
SIGNATURE  DATE 2/25/05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FEE IS \$150.00 DUE BY MAY 1, 2005			Make Check Payable to Florida Department of State		
9. MANAGING MEMBERS/ MEMBERS			10. ADDITIONS/ CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Czapski, Severino 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Czapski, Severino 100 SE 2 nd Street, Suite 2900 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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  DATE 2-25-05 3054233426					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					