

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90002 038 ****50.00

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DOCUMENT # L00000008907

1. Entity Name
JAKANDI PROPERTIES LLC



Principal Place of Business Mailing Address

**4020 BELLE VISTA DR
SAINT PETE BEACH FL 33706** **4020 BELLE VISTA DR
SAINT PETE BEACH FL 33706**

2. Principal Place of Business 3. Mailing Address

472 39th Ave **472 39th Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

St. Pete Beach, FL **St. Pete Beach, FL**

Zip Country Zip Country

33706 **Pinellas** **33706** **Pinellas**

4. FEI Number Applied For

59-3665565 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KATHY KICKSON
390 PINELLAS BAYWAY, UNIT E
TIERRA VERDE FL 33715**

7. Name and Address of New Registered Agent

Name **Kathy Hickson**

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

472 39th Ave

City State Zip Code

St. Pete Beach **FL** **33706**

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 **Kathy E. Hickson** DATE **9/23/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	HICKSON, DAVID W	
STREET ADDRESS	4020 BELLE VISTA DR	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HICKSON, KATHY E	
STREET ADDRESS	4020 BELLE VISTA DR	
CITY-ST-ZIP	SAINT PETE BEACH FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	Mgrm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy E. Hickson	
STREET ADDRESS	472 39th Ave	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Kathy E. Hickson** DATE **9/23/04** 727-300-3550

Signature and typed or printed name of signing managing member, manager, or authorized representative

CR2E083 (4/03)