

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020724

Entity Name: JWK ENTERPRISES, LLC

FILED
Jun 30, 2006
Secretary of State

Current Principal Place of Business:

6561 TRAVELER ROAD
WEST PALM BEACH, FL 334116429 US

New Principal Place of Business:

4962 SABLE PINE CIRCLE
UNIT D2
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

PO BOX 222662
WEST PALM BEACH, FL 334222662 US

New Mailing Address:

FEI Number: 30-0000648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRUMENACKER, JAMES W
6561 TRAVELER ROAD
WEST PALM BEACH, FL 334116429 US

Name and Address of New Registered Agent:

KRUMENACKER, JAMES W
4962 SABLE PINE CIRCLE
UNIT D2
WEST PALM BEACH, FL 33417 US

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: JAMES W KRUMENACKER

06/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KRUMENACKER, JAMES W
Address: 6561 TRAVELER ROAD
City-St-Zip: WEST PALM BEACH, FL 334116429 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRUMENACKER, JAMES W
Address: 4962 SABLE PINE CIRCLE UNIT D2
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES W KRUMENACKER

MGRM

06/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date