

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

DOCUMENT # 010000021074  
1. Entity Name JK-KT MANAGEMENT, L.L.C.

FILED

02 JUN 17 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

**MJH**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
13025 Kirby Smith Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
13025 Kirby Smith Rd.  
Suite, Apt. #, etc.

City & State  
Orlando FL

City & State  
Orlando FL

4. FEI Number  
01-0581140

Applied For  
Not Applicable

Zip  
32832-430

Country  
USA

Zip  
32832-6130

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name James P. Crawford

Street Address (P.O. Box Number is Not Acceptable)  
13025 Kirby Smith Rd.

City Orlando

FL 32832-430

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

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

DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

400005449664--7  
-05/03/02--01048--006  
\*\*\*\*350.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>James P. Crawford MGR</u> <u>13025 Kirby Smith Rd</u> <u>Orlando FL 32832</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Kathleen B. Crawford MGR</u> <u>13025 Kirby Smith Rd</u> <u>Orlando FL 32832</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: James P. Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

26 APR 02

Date

Daytime Phone #