LIMITED LIABILITY COMPANY

FILED Apr 18, 2002 8:00 am

UNIFURM BUSINESS REPU	MI (ODN)	Socrata	my of State	
DOCUMENT # L01000022439 1. Entity Name	Secretary of State 04-18-2002 90592 001 ***450.00			
JK ELDERCARE, LLG				
DO NOT WRITE IN THIS	SPACE			
Principal Place of Business Address Address				
Suite 6410 MADDALENA PLACE Suite, Apt. #, etc. DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446		DO NOT WRITE IN THIS SPACE		
City & State 561 496 2123 City & State 56	51.496.2123 561.496.6244	4. FEI Number	Applied For Not Applicable	
Zip (fax) 561.496.6244 Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
		7. Name and Address of Current Reg	istered Agent	
Nan Nan		JEFFIZEY KUKES		
		(P.O. Box Number is Not Acceptable)		
IN THIS SPACE	hi - /	DELRAY BEACH, FL 33446		
ž.	City		561.496.2123 FL Zip Code (fax) 561.496.6244	
8. The above named entity submits this statement for the purpose of chan	ging its registered office or registe	ered agent, or both, in the State of Florida.		
•				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			DATE	
. Make Che	FEE IS \$50.00 eck Payable to Department	of State	}	
	DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS				
TITLE JIK MANAGER, INC	TITLE NAME		120	
STREET ADDRESS 16410 MADDALENA PLACE	STREET ADDRESS		g	
DELRAY BEACH, FL 33446	CITY-ST-ZIP TITLE		Č	
TITLE 561.496.2123	NAME		0	
STREET ADDRESS (fax) 561.496.6244 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP			
TITLE	TITLE			
NAME STREET ADDRESS	NAME STREET ADDRESS	DO NOT W	DITE	
CITY-ST-ZIP	CtTY-ST-ZIP	DO NOT W	RIIE	
TITLE	TITLE	IN THIS SE	PACE	
NAME STREET ADDRESS	NAME STREET ADDRESS			
CITY-ST-ZIP	CITY-ST-ZIP			
TITLE	TITLE			
NAME CONFEST ADDRESS	NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			
TITLE	TITLE	,		
NAME	NAME CTREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP			
11 Libereby certify that the information supplied with this filing does not g	ualify for the exemption stated in S	Section 119.07(3)(i), Florida Statutes, I furi	ther certify that the information	

e and that my signature shall have the same legal effect as if made under oath; that I a sustee empowered to execute this report as required by Chapter 608, Florida Statutes

TETPEY KYKES

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

SIGNATURE: