LIMITED LIABILITY COMPANY

FILED

UNIFORM BUSINESS REPORT (UBR)				Apr 18, 2002 8:00 am	
DOCUMENT # L01000022441 1. Entity Name				Secretary of State 04-18-2002 90592 001 ***450.00	
JK HALI	F COMBINED, LLC	J			
ſ	DO NOT WRITE	E IN THIS SF	PACE		
2. Principal Place of Business 3. M.		3. Mailing Address		_	
STIGATO MADDALENA PLACE DELRAY BEACH, FL 33446		SGE440 MADDALENA PLACE DELRAY BEACH, FL 33446		DO NOT WRITE IN THIS SPACE	
City & State 561,496.2123		City & State 561.496.2123		4. FEI Number	Applied For
Zip (fax) 561:496.6244 Country		Zip (fax) 561.496.6244		5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required
•				7. Name and Address of Current R	· · · · · · · · · · · · · · · · · · ·
			Name J	EFFREY KUKE	·<
DO NOT WRITE		/RITE		ss (P.O. Box Number is Not Acceptable)	=
IN THIS SPACE		PACE		DELRAY BEACH, FL 33446	
3		City	561.496.2123 FI Zip Code		
8. The above	named entity submits this statement f	for the purpose of changing its	registered office or regis	(fax) 561,496,6244 stered agent, or both, in the State of Flori	da.
	,			•	
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable.		**	DATE
		1	EE IS \$50.00		
•		Make Check Pa	yable to Departmen	t of State	
		, ,	UE BY MAY 1		
9.	MANAGING MEMB		OUE BY MAY 1		
9. TITLE		ERS/MANAGERS	TITLE		
TITLE NAME	JJK MANAG	ERS/MANAGERS	TITLE NAME		
TITLE NAME STREET ADDRESS	JJK MANA6 16410 MADDALEN	ERS/MANAGERS APLACE	TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTK MANA-6 16410 MADDALEN DELRAY BEACH, F	A PLACE	TITLE NAME STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP	16410 MADDALEN DELRAY BEACH, F 561.496.212	A PLACE L 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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d to execute this report as required by Chapter 608, F TEFFREY KVKES, PINE 51 5 6W7

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER.

4/10/02 581-496-2123
Date Daytime Phone #