## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

 I hereby certify that the info indicated on this report is t limited liability company or

SIGNATURE:

## FILED DOCUMENT # L01000022441 1. Entity Name JK HALF COMBINED, LLC 04 FEB 17 AM 10: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 16410 MADDALENA PLACE 16410 MADDALENA PLACE DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 02052004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Numbe Applied For 75-2990417 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUKES, JEFFREY DO NOT WRITE 16410 MADDALENA PLACE DELRAY BEACH, FL 33446 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME JJK MANAGER.INC. STREET ADDRESS 16410 MADDALENA PLACE DELRAY BEACH, FL 33446 CITY-ST-ZIP TITLE 000028925110 02/17/04--01028--014 \*\*600.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

mation applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my eignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the other occurrence of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

16410 MADDALENA PLAGE DELRAY BEACH, FL 33446 561.496.2123 (fax) 561.496.6244

JEFFREY KUKES