LIMITED LIABILITY COMPANY

FILED Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90592 001 ***450.00

ƯNÌ TORM	BUSINESS	REPOR'	T (UBR
 	T 01 0000000 1/42		<u> </u>

DOCUMENT # 1. Entity Name

JK 1ST	VIRTUAL I & II, L	LC \	1				
E	OO NOT WRITE	IN THIS SF	ACE				
2. Principal Place of Business		3. Mailing Address		1			
Suit6410-MADDALENA PLACE		Suite,6416.MADDALENA PLACE		DO NO	OT WRITE IN THIS S	PACE	
DELRAY BEACH, FL 33446		DELRAY BEACH, FL 33446 City & State 561.496.2123		4. FEI Number		Applied For	
City & State 561.496.2123		(fox) 561 496 6244				Not Applicable	
Zip (16	Zip (fax) 561.496.8244 Zip (fax) 561.49		County'		5. Certificate of Status De		\$5.00 Additional Fee Required
				ame /	7. Name and Address of		Agent
	DO NOT WR	1	Street Address (P.O. Box Number is Not Acceptable)				
والمراجع والم			S	Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SPA	(CE		DELRAY BEACH, FL 33446			
<u>\$</u>			I .	ity	561.496.2123	FL	Zip Code
8. The above	named entity submits this statement for th	e purpose of changing its	registered o	ffice or registe	(fax) 561.496.6244 ered agent, or both, in the Sta	ate of Florida.	
	·						
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable.				DATE	
•			EE IS \$5				
		Make Check Pag	yable to D UE BY M.		of State		
9.	MANAGING MEMBERS	/MANAGERS					
TITLE NAME	JJK MANAGER,	INC.	TITLE				
STREET ADDRESS			STREET A	4			ļ
CITY-ST-ZIP	16410 MADDALENA P		CITY-ST-	ZIP			
TITLE	DELRAY BEACH, FL 561,496.2123	33446	TITLE NAME				
NAME STREET ADDRESS	(fax) 561.496.624	4	STREET AL	DDRESS			
CITY - ST - ZIP	(100) 0011 100:02 1		CITY-ST-	ZIP	******		
TITLE			TITLE NAME				
NAME STREET ADDRESS			STREET AL	odress	DO NO	OT WRI	TΕ
CITY-ST-ZIP			CITY-ST-	ZIP			
TITLE			TITLE NAME		IN TH	IS SPAC	CE
NAME STREET ADDRESS			STREET A	ODRESS			
CITY-ST-ZIP			CITY-ST-	ZIP			
TITLE			TITLE NAME				
NAME STREET ADDRESS			STREET A	DDRESS			
CITY-ST-ZIP			CITY-ST-	ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE			TITLE				
NAME CTREET ADDRESS			name Street a	DDRESS			,
STREET ADDRESS CITY-ST-7IP			CITY-ST-	1			

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 compani or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Pres: DEST 4/10/02 661-456-2123

SIGNATURE:

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