

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90592 001 ***450.00

DOCUMENT # L01000022443

1. Entity Name
JK 1ST VIRTUAL I & II, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite ~~16410~~ **16410** MADDALENA PLACE
DELRAY BEACH, FL 33446
City & State 561.496.2123

Suite ~~16410~~ **16410** MADDALENA PLACE
DELRAY BEACH, FL 33446
City & State 561.496.2123

DO NOT WRITE IN THIS SPACE

Zip (fax) ~~561.496.6244~~ **561.496.6244**

Zip (fax) ~~561.496.6244~~ **561.496.6244**

4. FEI Number

Applied For
 Not Applicable

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 **JEFFREY KUKES**

Street Address (P.O. Box Number is Not Acceptable)

16410 MADDALENA PLACE

DELRAY BEACH, FL 33446

City **561.496.2123**

FL

Zip Code

(fax) ~~561.496.6244~~

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

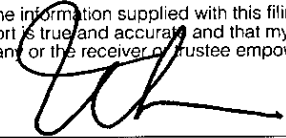
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JJK MANAGER, INC. 16410 MADDALENA PLACE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	561.496.2123 (fax) 561.496.6244
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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: 

JEFFREY KUKES,
PRESIDENT

4/10/02 561-496-2123