

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000014540

1. Entity Name
 K.K.J. ENTERPRISES, LLC



Principal Place of Business
 604 WOOD TRAIL
 PANAMA CITY, FL 32405

Mailing Address
 604 WOOD TRAIL
 PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE



04052005No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 02-0624455 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

HOLSOMBAKE, JAMES D
 604 WOOD TRAIL
 PANAMA CITY, FL 32405

DO NOT WRITE 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 _____ DATE _____

Signature: Typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when renouncing)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HOLSOMBAKE, KRISTY J 604 WOOD TRAIL PANAMA CITY, FL 32405 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HOMSOMBAKE, KATY A 604 WOOD TRAIL PANAMA CITY, FL 32405 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HOLSOMBAKE, JAMES E 604 WOOD TRAIL PANAMA CITY, FL 32405 |
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 04/08/05-80056-025 50.00

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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: JAMES HOLSOMBAKE 4/5/05 (850) 832-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #