

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 25, 2008 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**



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLSOMBAKE, JAMES D 604 WOOD TRAIL PANAMA CITY, FL 32405
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01/29/08-80034-013 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 D. Holsombake

1/23/08

850-832-0330

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

Date

Daytime Phone #