

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000015024.**

1. Entity Name  
JPKJ, LLC



Principal Place of Business

505 N. TAMiami TRAIL  
VENICE, FL 34292

Mailing Address

505 N. TAMiami TRAIL  
VENICE, FL 34292

**DO NOT WRITE IN THIS SPACE**



07282004No Chg-LLC

CR2E083 (10/03)

4. FEI Number

71-0891184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KONECNIK, JOHN P JR  
505 N TAMiami TRAIL  
VENICE, FL 34292

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

000000169908  
08/12/04-80003-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KONECNIK, JOHN P JR
STREET ADDRESS	420 CASEY KEY RD
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE:

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

*[Signature]*  
8/12/04 941-484-0344  
Date Daytime Phone #