
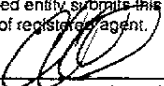
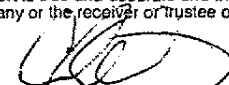


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000015212</b>		
1. Entity Name TKJP, LLC		
Principal Place of Business C/O THEODORE P. KLARIDES 500 S. OCEAN BLVD., 106-C MANALAPAN, FL 33462		Mailing Address C/O THEODORE P. KLARIDES 500 S. OCEAN BLVD., 106-C MANALAPAN, FL 33462
<b>DO NOT WRITE IN THIS SPACE</b>		
		04132004No Chg-LLC CR2E083 (10/03)
4. FEI Number 74-3054382		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  CASCIO, CARL A., ESQ. 525 N.E. 3 <sup>rd</sup> AVENUE DELRAY BEACH, FL 33444-3818		<b>DO NOT WRITE IN THIS SPACE</b>
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: 4/14/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	MGR	
NAME	PREGMAN, JOHN S JR.	
STREET ADDRESS	P.O. BOX 030037	
CITY-ST-ZIP	ELMONT, NY 11003	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #