

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000016172

1. Entity Name
RJK OF POLK COUNTY, L.L.C.



Principal Place of Business

5529 US HWY 98 N
LAKELAND, FL 33809

Mailing Address

5529 US HWY 98 NORTH
LAKELAND, FL 33809



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0046588

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, JOE L
5529 US HWY 98 N
LAKELAND, FL 33809

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000478387
04/08/06-80003-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAUNDERS, JOE L
5529 US 98 N
LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILHELM, KENNETH F
5529 US 98 N
LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAUNDERS, LEE
5529 US 98 N
LAKELAND, FL 33809

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 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:

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

Date

Daytime Phone #

3-1706