


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000020699  
 1. Entity Name  
 J & K HOLCOMB HOLDINGS, L.L.C.



Principal Place of Business PO BOX 370 OKEECHOBEE, FL 34973	Mailing Address 30395 NW 72ND AVE OKEECHOBEE, FL 34972 US
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**DO NOT WRITE IN THIS SPACE**



02142007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 30-0103462	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, JOHN W JR  
 30395 NW 72ND AVENUE  
 OKEECHOBEE, FL 34972

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLCOMB, JOHN W JR 30395 NW 72ND AVENUE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLCOMB, KIMBERLY 30395 NW 72ND AVENUE OKEECHOBEE, FL 34972
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 04/26/07-80038-021 55.00

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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: *John W Jr Holcomb* Date: 4/11/07 Daytime Phone #: 863-467-6565

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