

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020699

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: J & K HOLCOMB HOLDINGS, L.L.C.

**Current Principal Place of Business:**

PO BOX 370  
OKEECHOBEE, FL 34973

**New Principal Place of Business:**

30395 NW 72ND AVE  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

30395 NW 72ND AVE  
OKEECHOBEE, FL 34972 US

**New Mailing Address:**

FEI Number: 30-0103462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOLCOMB, JOHN W JR  
Address: 30395 NW 72ND AVENUE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGR ( ) Delete  
Name: HOLCOMB, KIMBERLY  
Address: 30395 NW 72ND AVENUE  
City-St-Zip: OKEECHOBEE, FL 34972

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 HOLCOMB JR

MGR

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date