

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90248 031 \*\*\*138.75

**DOCUMENT # L02000022085**

1. Entity Name  
**J & K PRICE #8, LLC**



Principal Place of Business  
**3041 NE 40TH COURT  
FT. LAUDERDALE, FL 33308**

Mailing Address  
**3041 NE 40TH COURT  
FT. LAUDERDALE, FL 33308**

**60012940**



2. Principal Place of Business, No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**55-0792446**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BLACK, WILLIAM R ESQUIRE  
2691 E. OAKLAND PARK BLVD., SUITE 102  
FT. LAUDERDALE, FL 33306**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**  
**3041 NE 40TH COURT**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **PRICE, JAMES R**  
STREET ADDRESS **3041 NE 40 CT.**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **MGR** ☒ Delete  
NAME **PRICE, KYOKO**  
STREET ADDRESS **3041 NE 40 CT.**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*James Price* **JAMES PRICE** 3-10-08 954 561 3141