


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT-(AR)

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

<b>DOCUMENT # L02000025268</b>	
<b>1. Entity Name</b> TKJ PROPERTIES, L.L.C.	

<b>Principal Place of Business</b> 4553 BOUGAINVILLE DRIVE LAUDERDALE-BY-THE-SEA FL 33308	<b>Mailing Address</b> 4553 BOUGAINVILLE DRIVE LAUDERDALE-BY-THE-SEA FL 33308
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

<b>4. FEI Number</b> 27-0035174	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  JANKOWSKI, TADEUSZ 4553 BOUGAINVILLE DRIVE LAUDERDALE-BY-THE-SEA FL 33308	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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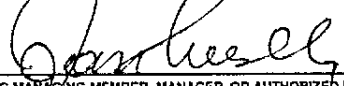
**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANKOWSKI, TADEUSZ 4553 BOUGAINVILLE DRIVE LAUDERDALE-BY-THE-SEA FL 33308 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000054653 02/17/04-80005-006 50.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANKOWSKI, JADWIGA 4553 BOUGAINVILLE DRIVE LAUDERDALE BY THE SEA FL 33308 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.

<b>SIGNATURE:</b>  	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>	<b>Date</b> 02-13-04 <b>Daytime Phone #</b>
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