
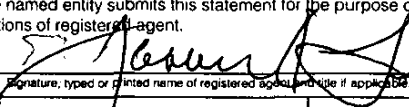



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90139 033 \*\*\*138.75

<b>DOCUMENT # L02000025765</b> 1. Entity Name <b>JKL MORTGAGE, LLC</b>					
Principal Place of Business <b>28200 US HIGHWAY 19 CLEARWATER, FL 33761</b>			Mailing Address <b>P.O. BOX 1465 DUNEDIN, FL 34697</b>		
2. Principal Place of Business - No P.O. Box # <b>29750 U.S. 19 N</b>		3. Mailing Address 			
Suite, Apt. #, etc. <b>SUITE 201</b>		Suite, Apt. #, etc. 			
City & State <b>CLEARWATER FL</b>		City & State 		4. FEI Number <b>54-2076614</b>	
Zip <b>33761</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LESSER, JASON K 28200 US 19 NORTH CLEARWATER, FL 33761</b>			7. Name and Address of New Registered Agent Name <b>LESSER, JASON K</b> Street Address (P.O. Box Number is Not Acceptable) <b>29750 U.S. 19 N #201</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33761</b>		
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  <b>JASON LESSER</b> DATE <b>2/1/08</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESSER, JASON K 28100 U.S. HWY 19 #511 CLEARWATER, FL 33781	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>29750 U.S. 19 N #201 CLEARWATER FL 33761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESSER, MARSHA 28100 U.S. HWY 19 #511 CLEARWATER, FL 33781	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>29750 U.S. 19 N #201 CLEARWATER FL 33761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: 			DATE <b>2/1/08</b> DAYTIME PHONE # <b>727-785-1196</b>		