2006 LIMITED LIABILITY COMPANY

FILED te

ANNUAL REPORT				Jan 27, 2006 08:00			
1. Entity Nar			Secretary of Sta				
JK&LE	ENTERPRISES, LLC						
Principal Plac	ce of Business	Mailing Address	<u> </u>	1 -			
646 CARRIG OVIEDO, FL	SAN WOODS TR 32765 US	1517 E HILLCREST STREET ORLANDO, FL 32803 US		<u> </u>			
DO NOT WRITE IN THIS SPACE			CE .	01182006No Chg-LLC CR2E083 (11/05)			
			UE .	4. FEI Number 52-2085	208		Applied For Not Applicable
				5. Certificate of			O Additional equired
	6. Name and Address of Curren	t Registered Agent					· · · · · · · · · · · · · · · · · · ·
SMALLEY & COMPANY, P.A. 1517 E HILLCREST STREET ORLANDO, FL 32803				DO N	NOT WE	RITE	
					HIS SP	**	
				## []	nio op/	4CE	_2 .
8. The above	e named entity submits this statement tions of registered agent.	or the purpose of changing its register) ed office or register	ed agent, or both,	in the State of Flori	da. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered ages	it and little if spoticable (NOTE Registers	d Agent signature required	when reinstating)		DATE	
Filing Fee is \$50.00				JIDDORD404215			
Ď	ue by May 1, 2006	02/06/06-80036-021 50.00					
9.	MANAGING MĒME	ERS/MANAGERS			;		
TITLE NAME	MGRM RILEY, DAVE				1	:	,
STREET ADDRESS	646 CARRIGAN WOODS TR					* * , * *	
CITY-ST-ZIP	OVIEDO, FL 32765			- 			
TITLE NAME				=			
STREET AODRESS CITY-ST-ZIP					=	-	
TITLE			1	•			
NAME STREET ADDRESS				50.		- 1 I	
CITY-ST-ZIP					IW TON		
TITLE NAME				IN T	HIS SP	ACE	
STREET ADDRESS	•						:
CITY-ST-ZIP					·		
NAME Street address							. 1
CITY-ST-ZIP						:	
TITLE .				*			
BEARES 4000	I					_	

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

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

1-18-06

Daytime Phone #