

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90325 008 ****55.00

DOCUMENT # L02000032469

1. Entity Name

KJK PROPERTIES, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
9760 Coronado Lake Dr.

Suite, Apt. #, etc.
PO Box 741752

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip Country
33477-5338 Palmbeach

Zip Country
33474-1752 Palmbeach

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3762864

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Stephen M. Beyer

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

2201 Corporate Blvd. NW Suite 103

City

Boca Raton

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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

Stephen M. Beyer (SAME)

Signature, typed or printed name of registered agent and title if applicable.

2-12-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Joseph Massey 9760 Coronado Lake Dr. Boynton Beach, FL 33477-5338
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CR2E083B (12/02)

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.

SIGNATURE:

Sam Massey

2-12-03 772-332-6243

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

Date Daytime Phone #