


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90239 018 \*\*\*\*50.00

<b>DOCUMENT # L03000006156</b>			
1. Entity Name <b>JAK PROPERTIES, L.L.C.</b>			
Principal Place of Business <b>28231 PARK HILL FARMINGTON HILLS MI 48334</b>		Mailing Address <b>28231 PARK HILL FARMINGTON HILLS MI 48334</b>	
2. Principal Place of Business <b>28231 PARK HILL</b> Suite, Apt. #, etc.		3. Mailing Address <b>28231 PARK HILL</b> Suite, Apt. #, etc.	
City & State <b>FARMINGTON HILLS, MI</b>		City & State <b>FARMINGTON HILLS MI #8</b>	
Zip <b>48334</b>	Country <b>USA</b>	Zip <b>48334</b>	Country <b>USA</b>

**24076652**



MOORE CR2E083 (11/03)

4. FEI Number <b>38-3686690</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RITCHIE, DAVID 12435 COLLIER BLVD., SUITE 106 NAPLES FL 34116</b>			7. Name and Address of New Registered Agent Name <b>Perry James</b> Street Address (P.O. Box Number is Not Acceptable) <b>3727 Enterprise Ave.</b> City <b>Naples</b> FL Zip Code <b>34104</b>		

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Perry James President Sentry Property Management Service* DATE 5/15/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

*File ID# 54-3705990*

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM KELLY, JOHN A 28231 PARK HILL FARMINGTON HILLS MI 48334</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE 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.

SIGNATURE *John A. Kelly* DATE 4-20-04 Daytime Phone # 248-553-2610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE