2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUI 1. Entity Nam J & K TRI	ne	#L030000070)06			FILED 08 MAR 17 AM 10: 47	
Principal Place of Business 5400 LONGLEAF ST JACKSONVILLE, FL 32209			Mailing Address 5400 LONGLEAF ST JACKSONVILLE, FL 32209			TALLAHASSEE, FLORIDA	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				I_{k}
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02132008 Chg-LLC CR2E083 (12/06)	. :
City & State			City & State			4. FEI Number Applied For 06-1683359 Not Applica	
Zíp	Zip Country		Zip Count		try	5. Certificate of Status Desired	٠.
6. Name and Address of Current R			egistered Agent			7. Name and Address of New Registered Agent	,
PLATT, BENJAMIN L					Name		
1200 PLANTATION ISLAND DR STE. 230					Street Address (P.O. Box Number is Not Acceptable)		
ST. AUGUSTINE, FL 32080					City	FL Zip Code	
 The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. 					 ed office or registe		ept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 'STATE OF THE PROPERTY OF THE PROP							
FILE After May	NOW!!! y 1, 2008	FEE IS \$138.75 Fee will be \$538.75				Make check payable to Florida Department of State	
9.		MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANGES	
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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 fegal 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 reported sequired by Chapter 608, Florida Statutes.							
SIGNATURE: X Matthew Wassen / 2/14/08 904 768-6888							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #							