2006 LIMITED LIABILITY COMPANY ____ANNUAL_REPORT_(AR)-

Secretary of State DOCUMENT # L03000009481 02-22-2006 90108 035 ****50.00 J & K INVESTMENTS OF LABELLE, LLC Principal Place of Business Mailing Address P.O. BOX 490 90 YEOMANS AVENUE LABELLE FL 33975 P.O. BOX 490 90 YEOMANS AVENUE LABELLE FL 33975 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For 4. FEI Number City & State City & State 02-0678636 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOY, JOHN B JR. Street Address (P.O. Box Number is Not Acceptable) 401 S. W.C. OWEN AVENUE **CLEWISTON FL 33440** City Zip Code 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, typed or printed name of registerert 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, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM TITLE 💢 Change ■ Addition TITLE PS-☐ Delete 804, John B Jr. NAME BOY, JOHN B JR. NAME yeanans Avenue STREET ADDRESS STREET ADDRESS 90 YEOMANS AVENUE CITY-ST-ZIP CJTY - ST - 71P LaBelle FI LABELLE FL 33935 TITLE MBBN Change ☐ Addition ☐ Delete TITLE KINNEY, KENNETH É JR. NAME Kinney, Kenneth B Jr. NAME STREET ADDRESS STREET ADDRESS 930 Hwy 80 Wes 930 HWY 80 WEST CITY-ST-ZIP LABELLE FL 33975 CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

2012/06

FILED

Feb 22, 2006 8:00 am