

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012688

Entity Name: LKJ HOLDINGS LLC

FILED
May 09, 2005
Secretary of State

Current Principal Place of Business:

4300 S. US HWY 1
SUITE 203-180
JUPITER, FL 33477 US

New Principal Place of Business:

3 COUNTRY CLUB CIRCLE
TEQUESTA, FL 33469 US

Current Mailing Address:

4300 S. US HWY 1
SUITE 203-180
JUPITER, FL 33477 US

New Mailing Address:

3 COUNTRY CLUB CIRCLE
TEQUESTA, FL 33469 US

FEI Number: 45-0513210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

JEFFRIES, LARRY K
3 COUNTRY CLUB CIRCLE
TEQUESTA, FL 33469 US

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.

SIGNATURE: LARRY K JEFFRIES

05/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JEFFRIES, LARRY K
Address: 4300 S. US HWY 1, SUITE 203-180
City-St-Zip: JUPITER, FL 33477 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JEFFRIES, LARRY K
Address: 3 COUNTRY CLUB CIRCLE
City-St-Zip: TEQUESTA, FL 33469 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LARRY K JEFFRIES

MGRM

05/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date