

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90011 017 ****50.00

DOCUMENT # L03000025393					
1. Entity Name J & K TITLE AGENCY LLC					
Principal Place of Business 4729 S. ORANGE AVE. ORLANDO, FL 32806 US			Mailing Address 4729 S. ORANGE AVE. ORLANDO, FL 32806 US		
2. Principal Place of Business <i>1104 E. ROBINSON ST.</i>		3. Mailing Address <i>1104 E. ROBINSON ST.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004 Chg-LLC CR2E083 (10/03)	
City & State <i>ORLANDO</i>		City & State <i>ORLANDO FL</i>		4. FEI Number <i>20-0084143</i>	
Zip <i>FL</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POPPER, DAVID H 201 E. PINE ST. 15TH FLOOR ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name <i>LOUIS A. SUTHERLAND</i> Street Address (P.O. Box Number is Not Acceptable) <i>1104 E. ROBINSON ST.</i> City <i>ORLANDO</i> FL Zip Code <i>32801</i>		
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 <i>Louis A. Sutherland</i> 4-21-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POPPER, DAVID H 201 E. PINE ST., 15TH FLOOR ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEATHER A. STEPHENSON 1104 E. ROBINSON ST. ORLANDO FL 32801	
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERDUE, JEFFREY E 4500 SOUTHSORE DRIVE ORLANDO, FL 32839		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOUIS A. SUTHERLAND 1104 E. ROBINSON ST. ORLANDO FL 32801	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" 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	
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: <i>Louis A. Sutherland</i> MGRM 4-21-04 402-822-8800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					