2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 05, 2004 8:00 am

DOCUMENT # L03000035840 1. Entity Name JSK PROPERTIES, LLC					04-05-2004 90493 014 ****50.00				
Principal Place 9832 ROBINS BOCA RATON,		Mailing Address 9832 ROBINS NEST ROAD BOCA RATON, FL 33496-2143				. 2012 A 1101 B110) (211) 213 11 2213	19 1 (11 (86)	
2. Principal Pla	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		```	03092004	Chg-LLC	CR2E08	3 (10/03)	
City & State		City & State			4. FEI Numb	<u>"OS845</u>	83		plied For Applicable
Žip	Country	Zip	Country		<u> 1</u>	of Status Desired	<u> </u>	5.00 Addi ee Required	
	6. Name and Address of Current	_ ,	7. Name and Address of New Registered Agent						
WALLACE, STEVEN E ESQ. WALLACE & MELLINGER, P.A. 225 N.E. MIZNER BLVD. SUITE 300				Name Street Address (P.O. Box Number is Not Acceptable)					1
	ON, FL 33432	``							1
				City			FL	Zip Code	;
	named entity submits this statement to ons of registered agent.	or the purpose of changing its	registered	d office or registe	ered agent, or bo	th, in the State of Flo	rida. I am fa	ımiliar with, a	and accept
SIGNATURE _	•								
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered A	Agent signature require	ed when reinstating)		DATE		
Fii Du	ling Fee is \$50.00 se by May 1, 2004						e check pa Departme		
9.	MANAGING MEMBI	ERS/MANAGERS	10.	, .		ADDITIONS/	CHANGES		
TITLE	President	Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Dennis Brelan 9832 Robinsh Boca Rata, F	est Rd. - 834916	NAME STREET CITY-S	FADDRESS ST-ZIP		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			:
TITLE NAME	secretary Trel	Delete Delete	TITLE NAME		***	refor 10 g 100 g 100		Change	Addition .
STREET ADDRESS CITY-ST-ZIP	asia ropins Na	133496	STREET CITY-S	T ADDRESS ST-ZIP					-
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TITLE		☐ Delete	TITLE			* .		Change	Addition.
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street City-S	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street City-S	T ADDRESS '		. •	-		
TITLE		☐ Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP	The state of the s	neg di	NAME STREET CITY-S	T ADDRESS					-1
11. I hereby of indicated	certify that the information supplied wit on this report is true and accurate and billity company or the receiver or truste	that my signature shall have	the same	legal effect as if	made under oat	h; that I am a manag	I further certi	ify that the in r or manage	formation r of the