

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90016 004 \*\*\*\*55.00

DOCUMENT # L03000037744

1. Entity Name

JMK EVENTS, LLC



Principal Place of Business

Mailing Address

1012 VISTA DEL MAR DRIVE N  
DELRAY BEACH FL 33483

1012 VISTA DEL MAR DRIVE N  
DELRAY BEACH FL 33483

2. Principal Place of Business

1515 N. Swinton Ave

3. Mailing Address

1515 N. Swinton Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

61-145784

Applied For

Not Applicable

Zip 33444

Country Palmetto Beach

Zip 33444

Country Palmetto Beach

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUCERA, JAN M  
1012 VISTA DEL MAR DRIVE N  
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME KUCERA, JAN M  
STREET ADDRESS 1012 VISTA DEL MAR DRIVE N  
CITY - ST - ZIP DELRAY BEACH FL 33483

☐ Delete

TITLE MGR  
NAME Jan M Kucera  
STREET ADDRESS 1515 N. Swinton Ave  
CITY - ST - ZIP Delray Beach FL 33444

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-1-04 561-573-0636