

AMENDED

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000042947 1. Entity Name TKB II, ENTERPRISES, LLC	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05-05-2004 90014'008 *****50.00

04 MAY 14 PM 1:51

w/05/25/04

Principal Place of Business 10106 S. FEDERAL HWY. PORT ST. LUCIE FL 34952	Mailing Address 10106 S. FEDERAL HWY. PORT ST. LUCIE FL 34952
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MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 412096714	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country		

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROWNIE, JILL
 2976 TIMBERLANE COURT
 JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

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 _____ (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	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	ABATE, MARNI	NAME	
STREET ADDRESS	1210 SE PALM BEACH ROAD	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	BROWNIE, JILL	NAME	
STREET ADDRESS	2976 TIMBERLANE COURT	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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 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: Marni Abate 4/29/04 772-335-2395

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