2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L03000043697

1. Entity Name

JEK TRAVEL, LLC

Principal Place of Business	Mailing Address
322 EAST COAST DR. ATLANTIC BEACH FL 32233	322 EAST COAST DR. ATLANTIC BEACH FL 32233

MOORE   CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For / Not Applicable
Suite, Apt. #. etc	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☒	**$5.00** Additional Fee Required
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOSKI, JEAN ELLEN 322 EAST COAST DR. ATLANTIC BEACH FL 32233	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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSKI, JEAN ELLEN 322 EAST COAST DR. ATLANTIC BEACH FL 32233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000015568 01/28/04-80021-004 55.00	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: _Jean Ellen Koski_   1/22/04