


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90043 018 ****50.00

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000046741 |  |
| 1. Entity Name A.R.J.K. ENTERPRISES LLC | |

| | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business 770 CLEARLAKE ROAD 101 COCOA FL 32922 | Mailing Address P.O. BOX 236921 COCOA FL 32923 |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------|

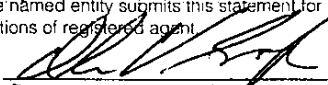


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|-----------------------------------------------------------|---------------------|
| 2. Principal Place of Business 770 CLEARLAKE Rd | 3. Mailing Address |
| Suite, Apt. #, etc. Suite 101 | Suite, Apt. #, etc. |
| City & State COCOA FL | City & State |
| Zip 32922 | Country |

1st MOORE CR2E083 (10/05)

| | |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 27-0085983 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMITH, OLIVER V JR. 2467 KATHI KIM STREET COCOA FL 32926 | |
| 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  DATE **4-28-06**

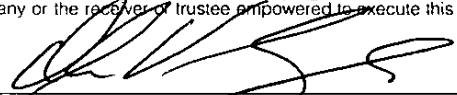
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, OLIVER V JR. 2467 KATHI KIM ST COCOA FL 32926 <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 |
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| 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 exemptions contained in Section 119, 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:



4-28-06 321-504-7663