

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-03-2004 90105 036 ****50.00

DOCUMENT # L03000053738 1. Entity Name JKK OF, 1900 NEBRASKA, LLC					
Principal Place of Business 1900 NEBRASKA AVE, STE 5 FORT PIERCE, FL 34950			Mailing Address 1900 NEBRASKA AVE, STE 5 FORT PIERCE, FL 34950		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 56-2424013	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KATTA, JOSEPH J- 1900 NEBRASKA AVE, STE 5 FORT PIERCE, FL 34950			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATTA, JOSEPH J TRUSTEE 1900 NEBRASKA AVE, STE 5 FORT PIERCE, FL 34950	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAFMEYER, MARIE-PAULE D TRUSTEE 1900 NEBRASKA AVE, STE 5 FORT PIERCE, FL 34950	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: _____ 7/29/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

Attachment
MASCH & COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS *34610014*

August 16, 2004

Via certified mail,
return receipt requested

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

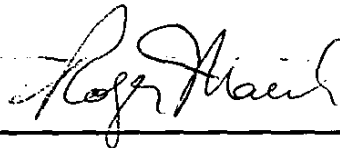
RE: JJK OF 1900 NEBRASKA, LLC
Reference Number: L03000053738

Dear Sir or Madam:

Pursuant to your letter dated August 5, 2004, copy enclosed, we have provided the Federal Employer Identification number in Block 4 of the 2004 Limited Liability Company Annual Report, and are returning the form herewith.

Very truly yours,

MASCH & COMPANY, LLC



By: Roger Masch

cc: Joseph Katta