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
JJK OF 1900 NEBRASKA, LLC

Principal Place of Business	Mailing Address
1900 NEBRASKA AVE, STE 5 FORT PIERCE, FL 34950	1900 NEBRASKA AVE, STE 5 FORT PIERCE, FL 34950

07202004 --Chg-LLC ---- CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2424013 ☐ Applied For ☐ Not Applicable

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
KATTA, JOSEPH J 1900 NEBRASKA AVE, STE 5 FORT PIERCE, FL 34950	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

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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: ______________________________ 7/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

MASCH & COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS

346100014

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

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5669 S UNIVERSITY DRIVE, DAVIE, FLORIDA 33328 (954) 680-2311 FAX: (954) 680-8395
ROGER@MASCHCPA.COM OR STUART@MASCHCPA.COM