

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000053738**

1. Entity Name  
JJK 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



01142007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000760122  
05/24/07-80069-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                |                                 |
|----------------|---------------------------------|
| TITLE          | MGR                             |
| NAME           | KATTA, JOSEPH J TRUSTEE         |
| STREET ADDRESS | 1900 NEBRASKA AVE, STE 5        |
| CITY-ST-ZIP    | FORT PIERCE, FL 34950           |
| TITLE          | MGR                             |
| NAME           | CAFMEYER, MARIE-PAULE D TRUSTEE |
| STREET ADDRESS | 1900 NEBRASKA AVE, STE 5        |
| CITY-ST-ZIP    | FORT PIERCE, FL 34950           |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

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

Date

Daytime Phone #

4/30/07 772-466-7200