


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90017 021 ****55.00

DOCUMENT # L04000003703 1. Entity Name J.B.K.J., LLC					
Principal Place of Business 11908 SUSSEX HILL WAY LEESBURG, FL 34788 US			Mailing Address 11908 SUSSEX HILL WAY LEESBURG, FL 34788 US		
2. Principal Place of Business 24 EAST MAGNOLIA		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State EUSTIS, FLORIDA		City & State		4. FEI Number 80-0097573	
Zip 32726		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 32726		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUBRECHT, JOHN F 11908 SUSSEX HILL WAY LEESBURG, FL 34788				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUBRECHT, JOHN F 11908 SUSSEX HILL WAY LEESBURG, FL 34788			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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 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: John F. Lubrecht **JOHN F. LUBRECHT** x 5-1-01 x 352-551-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #