


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90286 013 *****50.00

DOCUMENT # L04000006594	
1. Entity Name JC-KIMCO, LLC	

Principal Place of Business 3300 N. PACE BLVD. RUSHING PLAZA BLDG., SUITE 318 PENSACOLA FL 32505	Mailing Address 3300 N. PACE BLVD. RUSHING PLAZA BLDG., SUITE 318 PENSACOLA FL 32505
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2. Principal Place of Business 3051 Creole way Suite, Apt. #, etc.	3. Mailing Address 3051 Creole way Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

City & State Pensacola, FL	City & State Pensacola FL	4. FEI Number 20 0635806	Applied For <input type="checkbox"/> Not Applicable
Zip 32526	Country USA	Zip 32526	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent SHEROUSE, CHERRY 3300 N. PACE BLVD. RUSHING PLAZA BLDG., SUITE 318 PENSACOLA FL 32505		7. Name and Address of New Registered Agent Name Sherouse, Cherry Street Address (P.O. Box Number is Not Acceptable) 3051 Creole way City Pensacola FL Zip Code 32526	
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new address →

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEROUSE, CHERRY 3300 N. PACE BLVD., SUITE 318 PENSACOLA FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3051 Creole way Pensacola, FL 32526 <input checked="" 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
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 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: *Cherry Sherouse* **2-1-2005** **850-451-9795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #