

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 05, 2005 8:00 am
Secretary of State

06-22-2005 90017 010 ****50.00



1st MOORE CR2E083 (10/04)

DOCUMENT # L04000017089 1. Entity Name CJKK, LLC					
Principal Place of Business 3340 DIXIE HWY PALM BAY FL 32905			Mailing Address 3340 DIXIE HWY PALM BAY FL 32905		
2. Principal Place of Business 5625 S. HWY A1A Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State MELBOURNE BEACH, FL. Zip 32591		City & State SAME Zip 32591		4. FEI Number 20-0807244	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURTON, ERIC T 4140 PONDEROSA RD MALABAR FL 32950 REGISTERED AGENT REMAINS THE SAME ADDRESS CHANGE ONLY			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. CRAIG R. KIRCHER SIGNATURE <u><i>C. R. Kircher</i></u> DATE <u>6/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
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	MGRM JOYNER, KRISIT L 410 RIVER VIEW LANE MELBOURNE BCH FL 32951		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOYNER, WILLIAM J 410 RIVER VIEW LANE MELBOURNE BCH FL 32951		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRCHER, CRAIG R 5625 SOUTH HWY A1A MELBOURNE BCH FL 32951		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRCHER, CRAIG R 5625 S. HWY A1A MELBOURNE BEACH, FL. 32951 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRCHER, JANE M 5625 SOUTH HWY A1A MELBOURNE BCH FL 32951		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	
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: <u><i>C. R. Kircher</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>6/28/05</u> DAYTIME PHONE: <u>321-768 1124</u>		