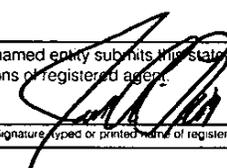
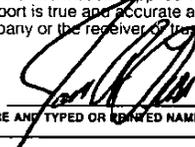


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90198 036 \*\*\*\*50.00

DOCUMENT # L04000022140					
1. Entity Name JKL GROWTH MANAGEMENT CONSULTANTS, LLC					
Principal Place of Business 13014 NORTH DALE MABRY HIGHWAY, #167 TAMPA, FL 33618		Mailing Address 13014 NORTH DALE MABRY HIGHWAY, #167 TAMPA, FL 33618			
2. Principal Place of Business 16017 N. FLORIDA AVE Suite, Apt. #, etc. SUITE 115 City & State Lutz FL Zip 33549 Country USA		3. Mailing Address 16017 N. FLORIDA AVE Suite, Apt. #, etc. SUITE 115 City & State Lutz, FL Zip 33549 Country USA		01262005 Chg-LLC CR2E083 (10/03) 4. FEI Number 57-1200612 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LITTLE, JOSEPH 13014 NORTH DALE MABRY HIGHWAY, #167 TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Little, Joseph Street Address (P.O. Box Number is Not Acceptable) 16017 N. Florida Ave SUITE 115 City Lutz FL Zip Code 33549		
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  DATE 1-26-05 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGRM LITTLE, JOSEPH 16807 WINDSOR PARK DR. LUTZ, FL 33549 <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	MGRM LITTLE, KAREN 16807 WINDSOR PARK DR. LUTZ, FL 33549 <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		
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: 		Date 1-26-05		Daytime Phone # 813-414-2132	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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