


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000033050	
1. Entity Name JK HOLDINGS, LLC	
	
Principal Place of Business 10000 WEST COLONIAL DRIVE, SUITE 288 OCOE, FL 34761	Mailing Address 10000 WEST COLONIAL DRIVE, SUITE 288 OCOE, FL 34761



03262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1226016	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

**GRAHAM, JESSE E JR ESQ
GRAHAM, BUILDER, JONES, PRATT & MARKS, LLP
369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U000000683440
04/05/07-80045-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLORIN INVESTMENTS, LTD. 10000 W COLONIAL DR STE 288 OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EVERHART, KENDALL M 10000 W COLONIAL DR STE 288 OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 of 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 #

Kendall M. Everhart

3/26/07

407 322-8240