FILED
Feb 26, 2007 8:00 am
Secretary of State
01-22-2007 90147 018 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000033401

1. Entity Name
JMCK ENTERPRISES, LLC

Principal Place of Business	Mailing Address
2551 LAKEVIEW DR SEBRING, FL 33870 US	2551 LAKEVIEW DR SEBRING, FL 33870 US

DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2451376
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FUTCH, JEFFREY E
2551 LAKEVIEW DR
SEBRING, FL 33870

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FUTCH, JEFFREY E
STREET ADDRESS	2551 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	MCKENNA, MARTIN J
STREET ADDRESS	2551 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	MCKENNA, PATRICK
STREET ADDRESS	70 MAMMOTH GROVE RD
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 or 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 #