

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000042308</b>	
1. Entity Name <b>J&amp;K PROPERTIES, LLC</b>	
Principal Place of Business <b>7980 SUMMERLIN LAKES DRIVE 201 FORT MYERS, FL 33907</b>	Mailing Address <b>7980 SUMMERLIN LAKES DRIVE 201 FORT MYERS, FL 33907</b>



01102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1219409</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCMENAMY, JAMES B  
7980 SUMMERLIN LAKES DRIVE  
201  
FORT MYERS, FL 33907**

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCMENAMY, JAMES B 8311 ARBORFIELD COURT FORT MYERS, FL 33907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCMENAMY, KEITH B 1405 CARMELLE ROAD FORT MYERS, FL 33919</b>
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02/15/07-80064-021 50.00

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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 #