


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90345 041 \*\*\*\*50.00

<b>DOCUMENT # L04000046923</b>					
<b>1. Entity Name</b> J.A.K. LLC					
<b>Principal Place of Business</b> 1418 GARFIELD STREET HOLLYWOOD, FL 33020			<b>Mailing Address</b> 1418 GARFIELD STREET HOLLYWOOD, FL 33020		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1296170	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HAIR, KURT L 1418 GARFIELD STREET HOLLYWOOD, FL 33020			Name <b>JOSEPH O. THOMPSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1418 GARFIELD ST.</b> City <b>HOLLYWOOD</b> FL <b>33020</b>		
<b>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.</b>					
SIGNATURE <i>Joseph Thompson</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Joseph O Thompson</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4/27/07</b> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAIR, KURT L 1418 GARFIELD STREET HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSEPH O. THOMPSON 1418 GARFIELD ST HOLLYWOOD, FL 33020	
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kurt L Hair</i> / <i>Joseph O Thompson</i> <b>4-27-07</b> <b>954-603-8983</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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