


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90069 028 ****50.00

DOCUMENT # L04000057745 1. Entity Name J & K SERVICES, LLC					
Principal Place of Business 312 REPUBLIC COURT DEERFIELD BEACH, FL 33442			Mailing Address 312 REPUBLIC COURT DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 5546 CANTEEN CT Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State QUIEDO FL		City & State		4. FEI Number 20-1501366	
Zip 32765		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NEIS, JAMES 312 REPUBLIC COURT DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name NEIS JAMES Street Address (P.O. Box Number is Not Acceptable) 5546 CANTEEN COURT City QUIEDO 1 FL Zip Code 32765		
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 JAMES NEIS (MANAGER/OWNER) <i>[Signature]</i> 7/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEIS, JAMES 312 REPUBLIC COURT DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(ADDRESS CHANGE) 5546 CANTEEN CT QUIEDO FL 32765	
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	
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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: JAMES NEIS (MANAGER/OWNER) <i>[Signature]</i> 7/24/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

DECL#1-646-623-6535