

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

L04000058778

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 27 PM 1:01

DOCUMENT # L04000058778

1. Entity Name
JKP ADVENTURES, L.L.C.



Principal Place of Business
580 PALMETTO DRIVE
PORT ST. JOE, FL 32456

Mailing Address
580 PALMETTO DRIVE
PORT ST. JOE, FL 32456



04082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1507406	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

POWELL, JEFFREY L
580 PALMETTO DRIVE
PORT ST. JOE, FL 32456

**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	MGRM
NAME	POWELL, JEFFREY L
STREET ADDRESS	580 PALMETTO DRIVE
CITY - ST - ZIP	PORT ST. JOE, FL 32456
TITLE	MGRM
NAME	POWELL, KIM L
STREET ADDRESS	580 PALMETTO DRIVE
CITY - ST - ZIP	PORT ST. JOE, FL 32456
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

BLT

**DO NOT WRITE
IN THIS SPACE**

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07/31/07--01023--002 **50.00

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: *Jeffrey L. Powell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-17-07 850-648-4082
Date Daytime Phone #