


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # L04000077412 1. Entity Name J.K.C. MANAGEMENT CO., LLC	
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Principal Place of Business 660 NOTTINGHAM DR. NAPLES FL 34109	Mailing Address 660 NOTTINGHAM DR. NAPLES FL 34109
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. / City & State / Zip / Country	3. Mailing Address Suite, Apt. #, etc. / City & State / Zip / Country
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1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent CERCENIK, JAROSLAV 660 NOTTINGHAM DR. NAPLES FL 34109	7. Name and Address of New Registered Agent Name / Street Address (P.O. Box Number is Not Acceptable) / City / State (FL) / Zip Code
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4. FEI Number 20-1796193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CERVENIKOVA, KATARINA 660 KNOTTINGHAM DR NAPLES FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CERCENIK, JAROSLAV 660 KNOTTINGHAM DR NAPLES FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000688922 04/11/07-80015-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	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 exemptions contained in Section 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.

3/30/07

SIGNATURE: JAROSLAV CERCENIK KATARINA CERVENIKOVA Comet Inc 239 431 6168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #