

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091870

Entity Name: JKS HOLDINGS, LLC

FILED  
Feb 26, 2007  
Secretary of State

**Current Principal Place of Business:**

3740 SALT MEADOW COURT SOUTH  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

3740 SALT MEADOW COURT SOUTH  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 20-2024864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS ROAD  
SUITE 450  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

COLEMAN, C. RANDOLPH  
50 N. LAURA ST  
SUITE 2600  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE:

02/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHWARTZ, JONATHAN  
Address: 3740 SALT MEADOW COURTH SOUTH  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete  
Name: SCHWARTZ, KAREN  
Address: 3740 SALT MEADOW COURT SOUTH  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN E. SCHWARTZ

MGRM

02/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date