2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2007
Secretary of State

DOCUMENT# L05000016723

Entity Name: TKJ LLC

Current Principal Place of Business:

2704 BEE RIDGE RD
SUITE 200
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2704 BEE RIDGE RD
SUITE 200
SARASOTA, FL 34239

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JENKINS, TROY D
2704 BEE RIDGE RD
SUITE 200
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JENKINS, TROY D	
Address:	2704 BEE RIDGE RD	
City-St-Zip:	SARASOTA, FL 34239	
Title:	MGRM	( ) Delete
Name:	WINEFORDNER, KATHRYN L	
Address:	2704 BEE RIDGE RD	
City-St-Zip:	SARASOTA, FL 34239	
Title:	MGRM	(X) Delete
Name:	THOMAS, JEANINE	
Address:	2704 BEE RIDGE RD	
City-St-Zip:	SARASOTA, FL 34239	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: TROY JENKINS MGRM 08/07/2007

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