


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000038891</b>	
1. Entity Name ABKJ L.L.C.	

Principal Place of Business 300 SW 181 WAY PEMBROKE PINES, FL 33029	Mailing Address 300 SW 181 WAY PEMBROKE PINES, FL 33029
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**DO NOT WRITE IN THIS SPACE**



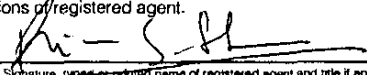
01152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2773070	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JOTWANI, SUNIL 300 SW 181 WAY PEMBROKE PINES, FL 33029
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**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: 	DATE: 1/15/08

<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b></p>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOTWANI, SUNIL 300 SW 181 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOTWANI, KIRAN 300 SW 181 WAY PEMBROKE PINES, FL 33029
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U00000787857  
01/18/08-80015-024 138.75

**DO NOT WRITE IN THIS SPACE**

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.	
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SIGNATURE: 	DATE: 1/15/08	DAYTIME PHONE: (954) 437-5606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		