

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041054

Entity Name: KJF VENTURES LLC

FILED
Apr 09, 2006
Secretary of State

Current Principal Place of Business:

2598 HERSCHEL STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2598 HERSCHEL STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 47-0953534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LESLIE, FORD
2598 HERSCHEL STREET
JACKSONVILLE, FL 32204 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: SPERO, KREVATAS
Address: 1830 SAN MARCO PLACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: LESLIE, FORD
Address: 1830 SAN MARCO PLACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: LARRY, JACKSON
Address: 2598 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: LARRY, JACKSON R
Address: 2598 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: LARRY R JACKSON

MGRM

04/09/2006

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