

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044560

Entity Name: JK OMNIWEB LLC

FILED  
Mar 26, 2008  
Secretary of State

## Current Principal Place of Business:

20825 CHAGIRN BLVD, APT 7  
SHAKER HEIGHTS, OH 44122

## New Principal Place of Business:

## Current Mailing Address:

20825 CHAGIRN BLVD, APT 7  
SHAKER HEIGHTS, OH 44122

## New Mailing Address:

FEI Number: 25-1915941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEIN, JASON CPA  
8306 MILLS DR., #249  
MIAMI, FL 33183 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: FISHMAN, JESSE  
Address: 20825 CHAGIRN BLVD, APT 7  
City-St-Zip: SHAKER HEIGHTS, OH 44122

Title: MGRM ( ) Delete  
Name: FISHMAN, KELLY  
Address: 20825 CHAGIRN BLVD, APT 7  
City-St-Zip: SHAKER HEIGHTS, OH 44122

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition  
Name: FISHMAN, KELLY L  
Address: 20825 CHAGRIN BLVD #7  
City-St-Zip: SHAKER HTS, OH 44122

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: KELLY L. FISHMAN

MGRM

03/26/2008

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