


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90014 001 ***138.75

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|--|---|---|--|--|--|
| DOCUMENT # L05000046943 1. Entity Name JKM VENTURES, LLC | | | |  | |
| Principal Place of Business 8611 WINDING LANE PENSACOLA, FL 32514 US | | | Mailing Address 8611 WINDING LANE PENSACOLA, FL 32514 US | | |
| 2. Principal Place of Business - No P.O. Box # 601 E. Government St. Suite, Apt. #, etc. | | 3. Mailing Address 601 E. Government St. Suite, Apt. #, etc. | | | |
| City & State Pensacola, FL | | City & State Pensacola, FL | | 4. FEI Number 20-3008026 | |
| Zip 32502 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCCREARY, KATIE G 8611 WINDING LANE PENSACOLA, FL 32514 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 601 E. Government St. City Pensacola FL Zip Code 32502 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCREARY, KATIE G 8611 WINDING LANE PENSACOLA, FL 32514 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Katie G. Spear 601 E. Government St. Pensacola, FL 32502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCREARY, JAMES H JR. 1834 PEYTON RD PENSACOLA, FL 32503 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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. | | | | | |
| SIGNATURE: <u>Katie G. Spear</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | (850) 497-0711 <small>Date Daytime Phone #</small> | | |

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