

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051694

FILED
Apr 26, 2007
Secretary of State

Entity Name: JSK OFFICE PROPERTIES, L.L.C.

Current Principal Place of Business:

917 RINEHART ROAD
SUITE 2051
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

917 RINEHART ROAD
SUITE 2051
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 20-2888316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FL 32789 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: MGR () Delete
Name: GADDIPATI, KALYANI M.D.
Address: 917 RINEHART ROAD-STE 2051
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGR () Delete
Name: GADDIPATI, SIVA R M.D.
Address: 917 RINEHART ROAD-STE 2051
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGR () Delete
Name: GADDIPATI, JAGADEESH C M.D.
Address: 917 RINEHART ROAD-STE 2051
City-St-Zip: LAKE MARY, FL 32746 US

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: KALYANI GADDIPATI, MD

MGR

04/26/2007

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