2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 08, 2006 8:00 am

AIIIOAL ILLI OIII				Sagratary of State			
DOCUMENT # L05000051432 1. Entity Name JKC, LLC					Secretary of State 02-08-2006 90088 039 ****50.00		
Principal Plac	ce of Business	Mailing Address					
1726 7TH AVE SUITE 22 TAMPA, FL 33605		C/O INDEPENDENT EXECUTIVE MANAGEMENT, LI POST OFFICE BOX 89239 Tampa, FL 33689-0403		20006059			
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		172 to 7th Ave. Suite, Apt. #, etc.		01122006	Chg-LLC	CR2E083 (11/05)	
City & State		Suite 22			·	<u> </u>	
City & State		City & State		4. FEI Number Applied For Not Applied be			
Zip	Country	_Zip	Country 35		e of Status Desired	□ \$5.00 Add	ditional
	6. Name and Address of Current		<u> </u>	7. Name an	d Address of New R	<u>.</u>	
			Name				
INDEPENDENT EXECUTIVE MANAGEM 1726 7TH AVE SUITE 22 TAMPA, FL 33605		IENT, LLC	Street Address	(P.O. Box Numl	per is Not Acceptable	e)	
• •	;						
			City	•		FL Zip Cod	е
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its re-	gistered office or regist	ered agent, or b	oth, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE .							
	Signature, typed or printed name of registered agent a	and title it applicable. (NOTE: R	egistered Agent signature requir	ed when reinstating)		DATE	
FI De	lling Fee Is \$50.00 ue by May 1, 2006			ed when reinstating)	Florida	se check payable to a Department of State	6
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE	RS/MANAGERS	10.	ed when reinstating)		te check payable to a Department of State /CHANGES	
FI De	lling Fee Is \$50.00 ue by May 1, 2006	RS/MANAGERS		ed when reinstating)	Florida	se check payable to a Department of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR INDEPENDENT EXECUTIVE MA POST OFFICE BOX 89239 TAMPA, FL 336800403	RS/MANAGERS Delete NAGEMENT, LLC 7th AVE Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ed when reinstating)	Florida	te check payable to a Department of State /CHANGES	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR INDEPENDENT EXECUTIVE MA POST OFFICE BOX 89239 TAMPA, FL 336890403	RS/MANAGERS Delete NAGEMENT, LLC 7th AVE Delete L 22	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ed when reinstating)	Florida	te check payable to a Department of State /CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR INDEPENDENT EXECUTIVE MA POST OFFICE BOX 89239 TAMPA, FL 336890403	RS/MANAGERS Delete NAGEMENT, LLC 7th AVE Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ed when reinstating)	Florida	te check payable to a Department of State /CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR INDEPENDENT EXECUTIVE MA POST OFFICE BOX 89239 TAMPA, FL 336890403	RS/MANAGERS Delete NAGEMENT, LLC 7th AVE Delete L 22 PA,FL 33605	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ed when reinstating)	Florida	ce check payable to a Department of State / CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGR INDEPENDENT EXECUTIVE MA POST OFFICE BOX 89239 TAMPA, FL 336890403	RS/MANAGERS Delete NAGEMENT, LLC 7th AVE Delete L 22 PA,FL 33605	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ed when reinstating)	Florida	ce check payable to a Department of State / CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	MANAGING MEMBE MGR INDEPENDENT EXECUTIVE MA POST OFFICE BOX 89239 TAMPA, FL 336890403	RS/MANAGERS Delete NAGEMENT, LLC 7th AVE Delete 22 A,FL 33605 Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed when reinstating)	Florida	ce check payable to a Department of State / CHANGES Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR INDEPENDENT EXECUTIVE MA POST OFFICE BOX 89239 TAMPA, FL 336890403	RS/MANAGERS Delete NAGEMENT, LLC 7th AVE Delete 22 A,FL 33605 Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed when reinstating)	Florida	ce check payable to a Department of State / CHANGES Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR INDEPENDENT EXECUTIVE MA POST OFFICE BOX 89239 TAMPA, FL 336890403	RS/MANAGERS Delete NAGEMENT, LLC 7th AVE Delete L 22 pa, FL 33605 Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed when reinstating)	Florida	ce check payable to a Department of State /CHANGES Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGR INDEPENDENT EXECUTIVE MA POST OFFICE BOX 89239 TAMPA, FL 336890403	RS/MANAGERS Delete NAGEMENT, LLC 7th AVE Delete L 22 pa, FL 33605 Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed when reinstating)	Florida	ce check payable to a Department of State /CHANGES Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR INDEPENDENT EXECUTIVE MA POST OFFICE BOX 89239 TAMPA, FL 336890403	RS/MANAGERS Delete NAGEMENT, LLC 7th AVO Delete L 22 Pa, FL 33605 Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed when reinstating)	Florida	ce check payable to a Department of State /CHANGES Change Change Change	Addition Addition Addition Addition

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.

MOVIO CODIGLE

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

110 0c

6689-1178EB

Davtime Phone #