


FILED
Apr 17, 2006 8:00 am
Secretary of State

03-23-2006 90257 002 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000055562					
1. Entity Name JJK PROPERTIES, L.L.C.					
Principal Place of Business 3952 CORDGRASS WAY NAPLES, FL 34112-3370			Mailing Address 3952 CORDGRASS WAY NAPLES, FL 34112-3370		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3201919	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PILCHER, DAVID ESQ. 159 LOOKOUT PLACE SUITE 101 NAPLES, FL 32751-4466				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE	JOSEPH S. CRAWFORD <input type="checkbox"/> Delete				
NAME	105 LINDEN COURT				
STREET ADDRESS	SEVEN FIELDS, PA 16046 <i>Managing Member</i>				
CITY - ST - ZIP					
TITLE	KENNETH HEYDORN <input type="checkbox"/> Delete				
NAME	3104 ROYAL FIX DRIVE				
STREET ADDRESS	ST. CHARLES, IL 660174 <i>Managing Member</i>				
CITY - ST - ZIP					
TITLE	JEFFREY A. PLUT <input type="checkbox"/> Delete				
NAME	913 GLENWOOD COURT				
STREET ADDRESS	CRANBERRY TOWNSHIP, PA 16066 <i>MANAGER</i>				
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
10. ADDITIONS / CHANGES					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: <i>Jeffrey A. Plut</i> JEFFREY A. PLUT R 3-15-06 412-418-3014					
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Create Phone					