2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L05000055562

1. Entity Name
JJK PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
3952 CORDGRASS WAY NAPLES, FL 34112-3370	3952 CORDGRASS WAY NAPLES, FL 34112-3370

DO NOT WRITE IN THIS SPACE

02042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3201919
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PILCHER, DAVID ESQ.
159 LOOKOUT PLACE SUITE 101
MAITLAND, FL 32751-4466

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000945352
03/13/08-80036-009 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CRAWFORD, JOSEPH S
STREET ADDRESS	105 LINDEN CRT
CITY-ST-ZIP	MARS, PA 16046
TITLE	MGRM
NAME	HEYDORN, KENNETH
STREET ADDRESS	3104 ROYAL FOX DR
CITY-ST-ZIP	SAINT CHARLES, IL 60174
TITLE	MGR
NAME	PLUT, JEFFREY A
STREET ADDRESS	913 GLENWOOD CRT
CITY-ST-ZIP	CRANBERRY TWP, PA 16066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: x _____ x 2-27-08 412-418-3014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #