## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L05000058653

1. Entity Name JK-CO, LLC



**FILED** Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1030 SPRING VILLAS POINT 2ND FLOOR WINTER SPRINGS, FL 32708 PO BOX 4658

WINTER PARK, FL 32793

US



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03272007 No Chg-LLC

CR2E083 (11/05)

| 4. | FEI Number                    |  |                  | Applied For          |
|----|-------------------------------|--|------------------|----------------------|
|    | 20-3027920                    |  |                  | Not Applicable       |
| 5. | Certificate of Status Desired |  | \$5.00<br>Fee Re | Additional<br>quired |

6. Name and Address of Current Registered Agent

DULIN, RAMSEY W ESQ 201 EAST PINE STREET, SUITE 425 ORLANDO, FL 32801-2717

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of chan ions of registered agent.  | nging its registered office or registered agent, or both, in the State of Florida. I am familiar wi   | ith, and accept                  |
|--|--|---|----------------------------------|
| SIGNATURE                                      | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE: Registored Agent signature required when reinstating)  DATE  |                                  |
|  | Signature, typed or printed name or registered agent and title it applicable.  | (NOTE: negistared Agent signature required when reinstaining)   |                                  |
|  | lling Fee is \$50.00<br>ue by May 1, 2007  |   |                                  |
| 9.   | MANAGING MEMBERS/MANAGERS  |   |                                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MR.<br>KAISER, JEFFREY A MGRM<br>1030 SPRING VILLAS POINT, 2ND FLOOR<br>WINTER SPRINGS, FL 32708   |   |                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   |                                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | DO NOT WRITE  |                                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | IN THIS SPACE   |                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | . U00000724473<br>05/02/07-80112-018  | 50.00                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |                                  |
| 11. I hereby indicated timited ha              | certify that the information supplied with this filing does not<br>on this report is true and accurate and that my signature signature signature stability company or the receiver or trustee empowers the exe | qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that it hall have the same legal effect as if made under oath; that I am a managing member or mounts this report as required by Chapter 608, Florida Statutes. | he information<br>nanager of the |