


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

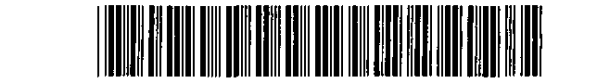
03-20-2007 90145 029 \*\*\*\*50.00

<b>DOCUMENT # L05000084115</b>	
1. Entity Name <b>J &amp; K INVESTMENTS, LLC</b>	

Principal Place of Business <b>PO BOX 3319 SARASOTA FL 34230</b>	Mailing Address <b>PO BOX 3319 SARASOTA FL 34230</b>
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2. Principal Place of Business - No P.O. Box # <b>1212 83rd St. N.W.</b>	3. Mailing Address <b>PO Box 3319</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BRADENTON FL.</b>	City & State <b>SARASOTA FL.</b>
Zip <b>34609</b>	Zip <b>34230</b>
Country	Country



1st MOORE CR2E083 (10/06)

4. FEI Number <b>20-3415437</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>KENNEBROOK, JAY 1212 83RD STREET NW BRADENTON FL 34209</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
State <b>FL</b> 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 *Jay C. Kennebrook* DATE **3-8-07**

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

<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2007</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KENNEBROOK, KATHLEEN PO BOX 3319 SARASOTA FL 34230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KENNEBROOK, JAY PO BOX 3319 SARASOTA FL 34230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jay C. Kennebrook* DATE **3-8-07** DAYTIME PHONE # **941-792-5390**

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