

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90031 005 \*\*\*\*50.00

**DOCUMENT # L05000084123**

1. Entity Name  
**JKG, LLC**



Principal Place of Business  
**4705 BERKSHIRE ROAD  
MARIANNA, FL 32446**

Mailing Address  
**P.O. BOX 1564  
MARIANNA, FL 32447 US**

2. Principal Place of Business - No P.O. Box #  
**3062 Rolling Hills Lane**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Marianna, FL**

City & State

Zip

Country

Zip

Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**APPLIED FOR 20-3358418**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAMILTON, JOHN M  
4705 BERKSHIRE ROAD  
MARIANNA, FL 32446**

**7. Name and Address of New Registered Agent**

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

**3062 Rolling Hills Lane**

City **Same**

**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

*John M. Hamilton*  
Signature, typed or printed name of registered agent and title if applicable

*John M. Hamilton*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/3/07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAMILTON, JOHN M	
STREET ADDRESS	4705 BERKSHIRE ROAD	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STRICKLAND, LAWRENCE E	
STREET ADDRESS	5130 LAKE BLUFF CIRCLE	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILLIAMS, HENRY K	
STREET ADDRESS	3413 PARKWOOD DRIVE	
CITY-ST-ZIP	MARIANNA, FL 32446	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3062 Rolling Hills Lane</b>	
CITY-ST-ZIP	<b>Marianna, FL 32446</b>	
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: *John M. Hamilton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/3/07**  
Date

**850-482-5842**  
Daytime Phone #