
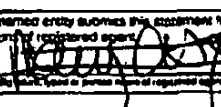
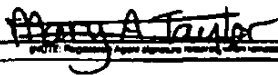



FILED  
May 30, 2006 8:00 am  
Secretary of State

02-16-2006 90147 030 \*\*\*\*50.00

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L05000118611			
1. Entity Name JJKC PROPERTIES LLC			
Principal Place of Business POST OFFICE BOX 2000 KEYSTONE HEIGHTS, FL 32656 US		Mailing Address POST OFFICE BOX 2000 KEYSTONE HEIGHTS, FL 32656 US	
2. Principal Place of Business		3. Mailing Address	
Subs. Act. #, etc.		Subs. Act. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4078244		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 TAYLOR, JAMES J JR 420 SOUTH LAWRENCE BLVD. KEYSTONE HEIGHTS, FL 32656		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 swears 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 obligation of registered agent.			
SIGNATURE 		SIGNATURE  Date 2/6/06	
Filing Fee is \$60.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
10. ADDITIONS/CHANGES			
TITLE NAME Mary A Taylor President 4051 SE 52nd Keystone Hts FL 32656		TITLE NAME Managing member member	
TITLE NAME James J. Taylor Jr V Pres 4051 SE 52nd Keystone Hts FL 32656		TITLE NAME member	
TITLE NAME [Blank]		TITLE NAME [Blank]	
TITLE NAME [Blank]		TITLE NAME [Blank]	
TITLE NAME [Blank]		TITLE NAME [Blank]	
TITLE NAME [Blank]		TITLE NAME [Blank]	
TITLE NAME [Blank]		TITLE NAME [Blank]	
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 605, Florida Statutes.			
SIGNATURE:  Mary A Taylor Date 2/6/06			



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATTACHMENT

30009106

February 20, 2006

JJKC PROPERTIES LLC  
POST OFFICE BOX 2000  
KEYSTONE HEIGHTS, FL 32656 US

Subject: JJKC PROPERTIES LLC

Reference Number: L05000118611

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms  
ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT  
3000 9/106

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2006

JJKC PROPERTIES, LLC  
POST OFFICE BOX 2000  
KEYSTONE HEIGHTS, FL 32656

Subject:

Reference Number: **L04000118611**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is ~~desired~~, please add an additional \$5.00.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms

ANNUAL REPORTS SECTION

per attached  
you have  
received