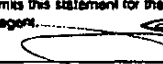
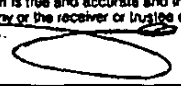


FILED
May 29, 2007 8:00 am
Secretary of State

04-16-2007 90338 029 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000004787			
1. Entity Name JKS INVESTMENTS, LLC			
Principal Place of Business 232 S. DILLARD STREET SUITE 201 WINTER GARDEN, FL 34787 US		Mailing Address PO BOX 770609 WINTER GARDEN, FL 34777 US	
2. Principal Place of Business - No P.O. Box # 132 W. Plant St. Suite, Apt. #, etc. Suite 200 City & State Winter Garden FL Zip 34787		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-4073624		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JUNE, ROHLAND A II PO BOX 770609 WINTER GARDEN, FL 34777		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 132 W. Plant St. Suite 200 City Winter Garden FL Zip Code 34787	
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: 5/23/07			
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM JUNE, ROHLAND A II 232 S. DILLARD STREET SUITE 201 WINTER GARDEN, FL 34787 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP P.O. BOX 770609 Winter Garden FL 34777 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM KAMINSKI, CHRISTOPHER L 232 S. DILLARD STREET SUITE 201 WINTER GARDEN, FL 34787 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP P.O. BOX 770609 Winter Garden FL 34777 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM SEDLUFF, JEFFREY A 232 S. DILLARD STREET SUITE 201 WINTER GARDEN, FL 34787 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP P.O. BOX 770609 Winter Garden FL 34777 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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:  Rohland A. June 4-11-07 407-905-8180			