

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-20-2007 90145 036 \*\*\*\*50.00

DOCUMENT # L06000007998

1. Entity Name

J & K PROPERTY SOLUTIONS LLC



Principal Place of Business

P.O. BOX 3319  
SARASOTA FL 34230

Mailing Address

P.O. BOX 3319  
SARASOTA FL 34230

2. Principal Place of Business - No P.O. Box #

1212 83rd St. N.W.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 3319

Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip  
34909

Country

City & State

SARASOTA FL

Zip  
34230

Country

4. FEI Number

20-4280321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

KENNEBROOK, JAY  
1212 83RD STREET NW  
BRADENTON FL 34209

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 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*  
Signature, typed or printed name of registered agent and title if applicable

JAY C. KENNEBROOK

(NOTE: Registered Agent signature required when registering)

DATE

3-8-07

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME KENNEBROOK, KATHLEEN  
STREET ADDRESS P.O. BOX 3319  
CITY - ST - ZIP SARASOTA FL 34230

TITLE MGR ☐ Delete  
NAME KENNEBROOK, JAY C  
STREET ADDRESS P.O. BOX 3319  
CITY - ST - ZIP SARASOTA FL 34230

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
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TITLE ☐ Delete  
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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

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:

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

*Jay C. Kennebrook*  
JAY C. KENNEBROOK

3-8-07

Date

Daytime Phone #

941-792-5390