


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 JUN 19 AM 9:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000012257		
1. Entity Name JKD, LTD. CO.		

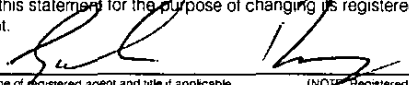
Principal Place of Business 6445 DUNBERRY LANE NAPLES, FL 34119	Mailing Address 6445 DUNBERRY LANE NAPLES, FL 34119
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2. Principal Place of Business - No P.O. Box # 9210 ESTERO COMMONS PARK BLVD Suite, Apt. #, etc. SUITE 6 City & State ESTERO, FL Zip 33928 Country USA	3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country
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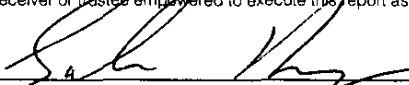
06112007 Chg-LLC CR2E083 (12/06)

4. FEI Number		<input checked="" type="checkbox"/> 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 LYONS, RICHARD D 25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name GURCHARN DANG Street Address (P.O. Box Number is Not Acceptable) 9210 ESTERO COMMONS PARK BLVD SUITE 6 City ESTERO FL Zip Code 33928

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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE 6-7-07

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANG, GURCHARN S 6445 DUNBERRY LANE NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200104678082 06/22/07 81001-003 ***50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 6-7-07 239 4496/4411 Daytime Phone #