2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-04-2008 90103 030 ***138.75

DOCUMENT # L06000039097

1. Entity Name
JNK ENTERPRISES, LLC

Principal Place of Business	Mailing Address
416 EAST HOWARD STREET LIVE OAK FL 32064	416 EAST HOWARD STREET LIVE OAK FL 32064

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1126 OHIO AVE., NORTH		1126 OHIO AVE., NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LIVE OAK, FL		City & State: LIVE OAK, FL	
Zip: 32064	Country: USA	Zip: 32064	Country: USA

4. FEI Number: 20-8471569 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIELS, WILLIAM KEITH 416 EAST HOWARD STREET LIVE OAK FL 32064	Name: DANIELS, WILLIAM KEITH Street Address (P.O. Box Number is Not Acceptable): 1126 OHIO AVE., NORTH City: LIVE OAK FL Zip Code: 32064

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 ______ 2-25-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	DANIELS, JAMES B III		NAME	DANIELS, JAMES B., III	
STREET ADDRESS	416 EAST HOWARD STREET		STREET ADDRESS	1126 OHIO AVE., NORTH	
CITY-ST-ZIP	LIVE OAK FL 32064		CITY-ST-ZIP	LIVE OAK, FL 32064	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	DANIELS, WILLIAM KEITH		NAME	DANIELS, WILLIAM KEITH	
STREET ADDRESS	416 EAST HOWARD STREET		STREET ADDRESS	1126 OHIO AVE., NORTH	
CITY-ST-ZIP	LIVE OAK FL 32064		CITY-ST-ZIP	LIVE OAK, FL 32064	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ______ 2-25-08 386-362-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #