

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042461

Entity Name: JJK VENTURES, LLC

FILED  
Apr 14, 2008  
Secretary of State

**Current Principal Place of Business:**

36 ALLENWOOD LOOK  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

36 ALLENWOOD LOOK  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 51-0587559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANDAU, KATHRYN  
36 ALLENWOOD LOOK  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILES, JACK  
Address: 5885 RIVERSIDE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR ( ) Delete  
Name: WILES, JAMES  
Address: 695 BRECKENRIDGE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR ( ) Delete  
Name: LANDAU, KATHRYN  
Address: 36 ALLENWOOD LOOK  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHRYN LANDAU

MGR

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date