2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000048407

1. Entity Name
JKJC PROPERTIES, LLC

Principal Place of Business	Mailing Address
4491 SW 102 AVE	4491 SW 102 AVE
DAVIE, FL 33328	DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

60000824

01032008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

BIRCH, JAMES G
4491 SW 102 AVE
DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BIRCH, JAMES G
STREET ADDRESS	4491 SW 102 AVE
CITY-ST-ZIP	DAVIE, FL 33328

TITLE	MGR
NAME	BIRCH, KATHY
STREET ADDRESS	4491 SW 102 AVE
CITY-ST-ZIP	DAVIE, FL 33328

TITLE	MGR
NAME	JOEL, JAMES
STREET ADDRESS	12173 MCCAULY ROAD
CITY-ST-ZIP	CINCINNATI, OH 45241

TITLE	MGR
NAME	BIRCH, CHRISTIE A
STREET ADDRESS	12173 MCCAULY ROAD
CITY-ST-ZIP	CINCINNATI, OH 45241

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *James Birch* / James G. Birch   1-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #