

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054095

Entity Name: JTK INVESTMENTS, LLC

FILED  
Jul 11, 2007  
Secretary of State

**Current Principal Place of Business:**

1789 LOMA LINDA STREET  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1789 LOMA LINDA STREET  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 20-4980579      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

THOMPSON, JOHN  
1789 LOMA LINDA STREET  
SARASOTA, FL 34239      US

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: MGRM ( ) Delete  
Name: THOMPSON, JOHN  
Address: 1789 LOMA LINDA STREET  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete  
Name: KIEWIET, TERRY  
Address: 1800 SOUTHPONTE DRIVE  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

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: JOHN THOMPSON

\_\_\_\_\_  
DIR

\_\_\_\_\_  
07/11/2007

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