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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL -9 PM 1:55

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000076336

1. Entity Name

JKP PARTNERS, LLC

Principal Place of Business	Mailing Address
5333 LANDINGS BLVD SARASOTA FL 34239 34231	5333 LANDINGS BLVD SARASOTA FL 34239 34231

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3447259 ☐ 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
PEREZ, KAY P 5333 LANDINGS BLVD SARASOTA FL 34239	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34231

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 _____ DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
MGR/MBR KAY P. PEREZ 5333 LANDINGS BLVD SARASOTA FL. 34231 ☐ Delete	☐ Change ☐ Addition
MGR/MBR JOHN A. PINKERTON P.O. BOX 2067 FLAGSTAFF, AR. 86003 ☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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: Kay P. Perez KAY P. PEREZ 4-2-07 (941)923-2051

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #