

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084044

Entity Name: JKL INVESTMENTS, LLC

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

34 ALLAMANDA AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

34 ALLAMANDA AVENUE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-5428394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKWOOD, JOHN MALOY
34 ALLAMANDA TERRACE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

LOCKWOOD, JOHN MALOY
34 ALLAMANDA AVENUE
KEY WEST, FL 33040 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:

01/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOCKWOOD, JOHN MALOY TRUSTEE
Address: 34 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: LOCKWOOD, KAREN ANN TRUSTEE
Address: 34 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOCKWOOD, JOHN MALOY TRUSTEE
Address: 34 ALLAMANDA AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: MGR (X) Change () Addition
Name: LOCKWOOD, KAREN ANN TRUSTEE
Address: 34 ALLAMANDA AVENUE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 MALOY LOCKWOOD

MR

01/25/2007

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