2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
04-16-2007 90338 028 ****50.00

DOCUMENT # L06000087904

1. Entity Name
JKSH PROPERTIES LLC

Principal Place of Business
232 S. DILLARD ST
SUITE 202
WINTER GARDEN, FL 34787

Mailing Address
PO BOX 770609
WINTER GARDEN, FL 34777

04112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #: 132 W. Plant St
Suite, Apt. #, etc.: Suite 200
City & State: Winter Garden FL
Zip: 34787 Country: U.S.

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 20-5501515 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MAY, JACQUELINE M
232 S. DILLARD ST
SUITE 202
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Not Acceptable): 132 W. Plant St.
Suite 200
City: Winter Garden FL Zip Code: 34787

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: Jacqueline M 4-11-07
Signature, typed or printed name of registered agent and date applicable (NOTE: Registered Agent signature required when remaining) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
MGR JUNE, ROHLAND A II PO BOX 770609 WINTER GARDEN, FL 34777	☐ Delete	
MGR KAMINSKI, CHRISTOPHER PO BOX 770609 WINTER GARDEN, FL 34777	☐ Delete	
MGR SEDLOFF, JEFFREY A PO BOX 770609 WINTER GARDEN, FL 34777	☐ Delete	
MGR HOLSTON, ROBERT W PO BOX 770609 WINTER GARDEN, FL 34777	☐ Delete	
	☐ Delete	
	☐ Delete	

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

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: Rohland A. June 4-11-07 407-905-8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #