2008 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # L06000092542

JDK PROPERTIES II LLC



FILED Apr 04, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4020 SOUTH PINE AVENUE OCALA, FL 34480

4020 SOUTH PINE AVENUE OCALA, FL 34480



02052008 No Chg-LLC

CR2E083 (12/07)

١.	FEI Number NOT APPLICABLE	
5.	Certificate of Status Desired	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KINDER, JACK D 4020 SOUTH PINE AVENUE OCALA, FL 34480

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	med entity submits this statement for the purpose of cha of registered agent.	inging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE			
Sign	ature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
	DWIII FEE IS \$138.75 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		

MGR TITLE NAME KINDER, JACK STREET ADDRESS **4020 SOUTH PINE AVENUE** CITY-ST-ZIP OCALA, FL 34480 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U00000882272 04/16/08-80034-010 138.75

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11. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

4-3-2008

352.622.2460

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #