2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90214 039 ***150.00 DOCUMENT # L46809 1. Entity Name J & K MANAGEMENT, INC. 94070773 Principal Place of Business Mailing Address 505 SOUTH FLAGLER DR. 505 SOUTH FLAGLER DRIVE STE 1010 STE 1010 W. PALM BEACH, FL 33401 W PALM BEACH, FL 33401 US 04202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0176940 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNED, WILLIAM JR DO NOT WRITE 218 DATURA STREET WEST PALM BEACH, FL 33401 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004'Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE JOHNSON, RICHARD S JR. NAME 505 SOUTH FLAGLER DRIVE, #1010 STREET ADORESS CITY - ST - ZIP W. PALM BEACH, FL 33401 D TITL€ KOENIG, PATRICK C NAME STREET ADDRESS 505 SOUTH FLAGLER DRIVE, #1010 W. PALM BEACH, FL 33401 CITY - ST - ZIF TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP THTE 6 NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustegenhowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP

FILED