| | or before May 1, 1999 or t to a \$ 400.00 LATE FEE | | npany will be | • | | |
|--|---|---|----------------------------------|-----------------------------------|--|--|
| LIMITE | ED LIABILITY COMPANY ANNUAL REPORT 1999 | FLORIDA PEPARTM Katherine Secretary of DIVISION OF COR | Harris of State RPORATIONS | DIVIS | CILED CRETARY OF STATE SION OF CORPORATIONS APR 26 AM (0: 22 | |
| FILING \$ 188 | FEE Annual Report \$100.00 | + \$88.75 Corporation Sup To: FLORIDA DEPARTMEN | | | | |
| Name of Lim | and Mailing Address ited Liability Company | MENT # 19300: | 000097 | | | |
| J.J.K. Company, L.C. | | | | 1a. Principal Place of Busi | | |
| | 00 Cocoa Be | | 10001 | | 500 (0000 Beach Guy | |
| | ocoa Beach | | | Cocoa B | ewcl, 77 32531 | |
| | oal Place of Business | 2a. Mailing Address 6455 S. Tropi | 5 S. Tropical (rail 189) | | ified 3a. State of Formation | |
| Suite, Apt | !. #, etc | Suite, Apt. #, etc. | | | Applied For | |
| City & Sta | ate | City & State // /s/cu | d H | 59-3260 | | |
| Zip | Country | 32952 Cour | SA- | 5. Date of Last Report | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| | 7. Name and Address of Current | Registered Agent | 8. 1 | Name and Address of New I | Registered Agent/Office | |
| 1/ | 1 1 1/2 1/2 | - | Name | | | |
| KU | robel Heinz | | | | O. Box Number is Not Acceptable) | |
| 645 | SS S. Tropic | al irail | Suite, Apt. #, etc. | Suite, Apt. W, etc. | | |
| Her | with Island | 7.32952 | City FL Zip Code | | | |
| 9. Pursuant to the provisions of Sections 608,416 and 608 608. Florida Statutes, the above-named limited hability company submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Floridal Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment | | | | | | |
| as registered agent, and accept the obligations; SIGNATURE | | | | | | |
| 10. Title | Managing Members/Managers | | ess Street Address | | City, State and Zip Code | |
| HGRM | Knobel Hein | 15 PAZZ S | · Tropic | al trail the | mill Island Fl. 32952 | |
| | | | | ** 6000 | 728592782 1/30/9901136018 ***188.75 ****188.75 | |
| 11 Idoher | reby certify that the information supplied wil | h this filing does not qualify for the ex | emption stated in Sec | lion 119.07(3) (i), Florida Stati | ites. I further certify that the information | |
| indicated on this annual report is true and accurate and that my signature shall have the same legal effections 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 Ghapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. | | | | | | |
| IGNATURE: SCHALIFF AND THE CHARLES AND THE CHA | | | | | | |