2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L95000000733

1. Entity Name
J.K.C. WEN, L.C.

Principal Place of Business	Mailing Address
2020 SOUTH WEST 42ND PLACE	2020 SOUTH WEST 42ND PLACE
OCALA, FL 34474	OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

08072006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3335121	Not Applicable

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

6. Name and Address of Current Registered Agent

CASEY, JOHN J
2020 SOUTH WEST 42ND PLACE
OCALA, FL 34474

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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

Filing Fee is $50.00
Due by September 6, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CASEY, JOHN J
STREET ADDRESS	2020 SOUTHWEST 42ND PLACE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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08/17/06-80002-009 50.00

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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: _John J Casey_   8-10-06   352-408-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #