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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000001322

1. Entity Name

B.K.F. OF JACKSONVILLE, L.L.C.



Mailing Address

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

Principal Place of Business 5772 MINING TERRACE JACKSONVILLE, FL 32257

SIGNATURE:

5772 MINING TERRACE JACKSONVILLE, FL 32257

FILED Apr 13, 2004 08:00 AM Secretary of State



04062004 No Chg-LLC

CR2E083 (10/03)

4. FE! Number 59-3557268

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLBROOK COLD, KATHLEEN ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202

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 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 May 1, 2004			U00000111495 04/13/04-80020-009 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR BRENT, DAVID C 5772 MINING TERRACE JACKSONVILLE, FL 32257		
TITLE NAME STREET ADDRESS CHTY-SI-ZIP			
INTLE NAME STREET ADDRESS CHY-SI-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP	•		
NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 is true and accurate and find 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.			