## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000009164

Entity Name: JK MORTGAGE GROUP, L.L.C.

**FILED** Mar 08, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 888 S. ANDREWS AVE. SUITE 203 FT. LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 888 S. ANDREWS AVE. SUITE 203 FT. LAUDERDALE, FL 33316 FEI Number: 65-0969654 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCRORY, J. WALTER P.A. 1512 EAST BROWARD BOULEVARD, SUITE 200 FORT LAUDERDALE, FL 33301 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: ( ) Delete MGRM Title: () Change () Addition MCCRORY, JOHN W Name: Name:

Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

888 S. ANDREWS AVE #203

Address: City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM ( ) Delete Name: REEVES, KIP

Address: 888 S. ANDREWS AVE #203 City-St-Zip: FORT LAUDERDALE, FL 33316 Title:

() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 that my electronic 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: KIP REEVES **MGRM** 03/08/2005