

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L99000009164

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

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

888 S. ANDREWS AVE.  
SUITE 203  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

888 S. ANDREWS AVE.  
SUITE 203  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 65-0969654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCRORY, J. WALTER P.A.  
1512 EAST BROWARD BOULEVARD, SUITE 200  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

MCCRORY, J. WALTER P.A.  
1510 SE 17 STREET  
400A  
FORT LAUDERDALE, FL 33316 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCCORRY, JOHN W  
Address: 888 S. ANDREWS AVE #203  
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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN MCCORRY

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date