


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M03000003936 |  |
| 1. Entity Name JIK MISSION NEVADA, LLC | |

| | |
|--|--|
| Principal Place of Business 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 33016-5897 | Mailing Address 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 33016-5897 |
|--|--|



04192005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 88-0457331 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent JIK COLONNADES GP, INC. 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 33016-5897 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000340133
04/28/05-80107-001 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARTELMO, THOMAS 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 330165897 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KISLAK, JONATHAN I 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 330165897 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

4/27/05 (305) 364-4456

Date

Daytime Phone #