


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # M03000003936</b><br>1. Entity Name<br>JIK MISSION NEVADA, LLC |  |
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| Principal Place of Business<br>7900 MIAMI LAKES DR. WEST<br>MIAMI LAKES, FL 33016-5897 | Mailing Address<br>7900 MIAMI LAKES DR. WEST<br>MIAMI LAKES, FL 33016-5897 |
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02052007 No Chg-LLC

CR2E083 (11/05)

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

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|---|
| 6. Name and Address of Current Registered Agent<br><br>JIK COLONNADES GP, INC.<br>7900 MIAMI LAKES DR. WEST<br>MIAMI LAKES, FL 33016-5897 |
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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.

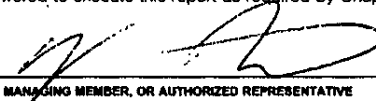
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

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| <p>U00000651333<br/>03/09/07-80002-019 50.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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:** Thomas Bartelmo  2/15/07 (305) 364-4101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #