

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90240 025 \*\*\*150.00

14000040



04272005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000120479</b> 1. Entity Name <b>JK CORAL SPRINGS GP, INC.</b>					
Principal Place of Business <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES, FL 33016-5897</b>			Mailing Address <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES, FL 33016-5897</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1555421</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RODRIGUEZ, CHRISTY</b> <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES, FL 33016-5897</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISLAK, JAY I		NAME	Kislak, Jay I	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST		STREET ADDRESS	7900 Miami Lakes Drive West	
CITY-ST-ZIP	MIAMI LAKES, FL 330165897		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTELMO, THOMAS		NAME	Bartelmo, Thomas	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST		STREET ADDRESS	7900 Miami Lakes Drive West	
CITY-ST-ZIP	MIAMI LAKES, FL 330165897		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	<input type="checkbox"/> Delete		TITLE	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Rodriguez, Christy	
STREET ADDRESS			STREET ADDRESS	7900 Miami Lakes Drive West	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Lubow, Cheryl	
STREET ADDRESS			STREET ADDRESS	7900 Miami Lakes Drive West	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Braun, Stephen	
STREET ADDRESS			STREET ADDRESS	7900 Miami Lakes Drive West	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Christy Rodriguez</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
<b>Christy Rodriguez, VPS</b>			<b>4/27/05 (305) 364-4101</b> <small>Date Daytime Phone #</small>		