

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085793

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: B K & B INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

8130 SE 45TH STREET  
NEWBERRY, FL 32661

**New Principal Place of Business:**

**Current Mailing Address:**

8130 SE 45TH STREET  
NEWBERRY, FL 32661

**New Mailing Address:**

FEI Number: 56-2612701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BISHOP, W. E. JR.  
7743 SW SR 200  
OCALA, FL 34476 US

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

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BISHOP, JAMES L  
Address: 8130 SE 45TH STREET  
City-St-Zip: NEWBERRY, FL 32661

Title: MGRM ( ) Delete  
Name: KUNTZ, DAVID L JR.  
Address: 1511 BADEN POWELL ROAD  
City-St-Zip: HAWTHORNE, FL 32640

Title: MGRM ( ) Delete  
Name: BISHOP, GAYLE F  
Address: 7743 SW SR 200  
City-St-Zip: OCALA, FL 34476

**ADDITIONS/CHANGES:**

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

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: DAVID L. KUNTZ, JR.

MGRM

04/22/2009

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