2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # J78921 04-27-2005 90347 042 ***150.00 BKR PROPERTIES, INC. Principal Place of Business Mailing Address 20049057 3020 HARTLEY RD 3020 HARTLEY RD STE 300 STE 300 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012005 CR2E034 (10/03) Applied For City & State City & State 4 FEI Number 59-2819271 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRELL, MARK T Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY RD **STE 300** 32257ONVILLE, FL 32257 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DC TITI F Delete TITLE ☐ Change ☐ Addition ROOD, JOHN D. NAME STREET ADDRESS STREET ADDRESS 3020 HARTLEY RD STE 300 JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP Change ŊΡ ☐ Delete TITLE ☐ Addition Farrell, Mark FARRELL, MARK T NAME NAME 3020 Hartley Road, Suite 300 STREET ADDRESS 3020 HARTLEY RD STE 300 STREET ADDRESS Jacksonvillė, FL CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP 32257 VST Delete ☐ Addition TITLE TIRE ☐ Change MORGAN, WILL NAME 3020 HARTLEY RD STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change Knutzen, James NAME NAME 3100 University Blvd. S., Ste 230 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville. FL 32216</u> TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Beveridge, Frank STREET ADDRESS STREET ADDRESS 3943 Cove St. Johns Road CITY-ST-7IP CITY-ST-ZIP Jacksonville, FL 32277 □ Change ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MATK T. FATTELL April 21, 2005

FILED