

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009367

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: BKS, LLC

**Current Principal Place of Business:**

1590 SOUTH WOODLAND BOULEVARD  
DELAND, FL 3272 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2813  
DELAND, FL 32723 US

**New Mailing Address:**

FEI Number: 59-3726379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAISER, FREDERICK H  
POST OFFICE BOX 2813  
DELAND, FL 32723 US

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

KAISER, FREDERICK H  
1590 SOUTH BOULIVARD  
DELAND, FL 32720 US

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:

01/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BATTEN, DALE D  
Address: POST OFFICE BOX 220044  
City-St-Zip: DELAND, FL 32723 US

Title: MGRM ( ) Delete  
Name: BATTEN, SUSAN H  
Address: P.O. BOX 220044  
City-St-Zip: DELAND, FL 32722 US

Title: MGRM ( ) Delete  
Name: KAISER, FREDERICK H  
Address: 2188 BOND RD.  
City-St-Zip: DELAND, FL 32720 US

Title: MGRM ( ) Delete  
Name: KAISER, ANNA M  
Address: 2188 BOND RD.  
City-St-Zip: DELAND, FL 32720 US

Title: MGRM ( ) Delete  
Name: SMITH, GEORGE S III  
Address: 967 TORCHWOOD DR.  
City-St-Zip: DELAND, FL 32724 US

Title: MGRM ( ) Delete  
Name: SMITH, SHARON E  
Address: 967 TORCHWOOD DR.  
City-St-Zip: DELAND, FL 32724 US

**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:

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: FREDERICK H KAISER

MGRM

01/05/2009

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