

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000004167 1. Entity Name BWLK PROPERTIES, LLC	
--	---

Principal Place of Business 13041-1 MCGREGOR BLVD. FORT MYERS, FL 33919	Mailing Address 13041-1 MCGREGOR BLVD. FORT MYERS, FL 33919
---	---

DO NOT WRITE IN THIS SPACE



01132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
43-1950927

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, SCOTT C
13041-1 MCGREGOR BLVD.
FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WHITAKER, SCOTT C
STREET ADDRESS	13041-1 MCGREGOR BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	MGRM
NAME	BEAN, WILLIAM E
STREET ADDRESS	13041-1 MCGREGOR BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	MGRM
NAME	LUTZ, JOSEPH L
STREET ADDRESS	13041-1 MCGREGOR BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	MGRM
NAME	KAREH, AHMAD R
STREET ADDRESS	13041-1 MCGREGOR BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000493085
04/19/06-80090-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Scott C. Whitaker 4-3-06 239-481-1331