


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 8:09

DOCUMENT # L02000018056			
1. Entity Name BKBP, LLC			
Principal Place of Business 314 SALLY LEE DRIVE ELLENTON, FL 34222		Mailing Address PO BOX 2 ELLENTON, FL 34222	
2. Principal Place of Business 4112 Duck Creek W.		3. Mailing Address 4112 Duck Creek W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ellenton, FL		City & State Ellenton, FL	
Zip 34222	Country	Zip 34222	Country
6. Name and Address of Current Registered Agent PALMER, BOBBIE L 314 SALLY LEE DRIVE ELLENTON, FL 34222		7. Name and Address of New Registered Agent Name PALMER, BOBBIE L. Street Address (P.O. Box Number is Not Acceptable) 4112 Duck Creek W. City Ellenton FL Zip Code 34222	
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 <u>Bobbie L. Palmer</u> Signature, typed or printed name of registered agent and title if applicable.		7/7/05 DATE (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEEVER, H.L. JR 827 MANATEE AVE. ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <u>04-05</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PALMER, BOBBIE L 314 SALLY LEE DR. ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PALMER, BOBBIE L 4112 Duck Creek W. Ellenton, FL 34222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100057366151 07/12/05--01074--006 **105.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: <u>H. L. Keever, Jr.</u> Signature, typed or printed name of signing managing member, manager, or authorized representative		7/7/05 Date Daytime Phone #	
Mgr. Keever, Jr.		Mgr. Bobbie L. Palmer	