

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90071 048 ****50.00

DOCUMENT # L02000018056

1. Entity Name
BKBP, LLC



Principal Place of Business
4112 DUCK CREEK W.
ELLENTON, FL 34222

Mailing Address
4112 DUCK CREEK W.
ELLENTON, FL 34222

2. Principal Place of Business

3. Mailing Address

3812 Cedar Street

Suite, Apt. #, etc.

Ellenton, FL

Suite, Apt. #, etc.

P.O. Box 2

City & State

City & State

34222

Palmetto, FL

Zip

Country

USA

Zip

34220

Country

USA

03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number
47-0880302

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, BOBBIE L
4112 DUCK CREEK W.
ELLENTON, FL 34222

7. Name and Address of New Registered Agent

Name Palmer, Bobbie L
Street Address (P.O. Box Number is Not Acceptable)
3812 Cedar Street
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

Bobbie L. Palmer

(NOTE: Registered Agent signature required when reappointing)

3-16-06

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME KEEVER, H.L. JR
STREET ADDRESS 827 MANATEE AVE.
CITY-ST-ZIP ELLENTON, FL 34222

TITLE MGR ☐ Delete
NAME PALMER, BOBBIE L
STREET ADDRESS 4112 DUCK CREEK W.
CITY-ST-ZIP ELLENTON, FL 34222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Mgr ☒ Change ☐ Addition
NAME Palmer, Bobbie L.
STREET ADDRESS PO Box 181
CITY-ST-ZIP Ellenton, FL 34222

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Bobbie L. Palmer

3-16-06 941-722-8909

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

Date

Daytime Phone #