


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90153 046 ***138.75

DOCUMENT # L02000018056 1. Entity Name BKBP, LLC					
Principal Place of Business 3812 CEDAR ST ELLENTON, FL 34222			Mailing Address POB 2 PALMETTO, FL 34220		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address POB 181 Suite, Apt. #, etc.			
City & State Zip Country		City & State Ellenton, FL Zip Country 34222 USA		4. FEI Number 47-0880302	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
03302008 Chg-LLC CR2E083 (12/06)					
6. Name and Address of Current Registered Agent PALMER, BOBBIE L 3812 CEDAR ST ELLENTON, FL 34222			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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	MGR PALMER, BOBBIE L POB 181 ELLENTON, FL 34222	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u>Bobbie L. Palmer</u> 3-30-08 941-981-3096 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					