

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000009482

1. Entity Name
B & K REALTY OF LABELLE, LLC



Principal Place of Business
P.O. BOX 490
90 YEOMANS AVENUE
LABELLE, FL 33975

Mailing Address
P.O. BOX 490
90 YEOMANS AVENUE
LABELLE, FL 33975

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KISKER, WILL C JR.
401 S. W.C. OWEN AVENUE
CLEWISTON, FL 33440

01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1175734	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KISKER, WILLIAM C JR
STREET ADDRESS	P.O. BOX 1825
CITY-ST-ZIP	LABELLE, FL 33975

TITLE	
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CITY-ST-ZIP	

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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: William C Kisker Jr William C Kisker Jr 1/8/08 863 833-5144

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

Date

Daytime Phone #