

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000019955

1. Entity Name
BWLK PROPERTIES II, LLC.



Principal Place of Business
**13041-1 MCGREGOR BOULEVARD
FORT MYERS, FL 33919 US**

Mailing Address
**13041-1 MCGREGOR BOULEVARD
FORT MYERS, FL 33919 US**



01312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0060067

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
4604 SW 5TH AVENUE
CAPE CORAL, FL 33914**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WHITAKER, SCOTT C
STREET ADDRESS	4604 SW 5TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	BEAN, WILLIAM E
STREET ADDRESS	3593 RITA LANE
CITY-ST-ZIP	ST. JAMES CITY, FL 33956
TITLE	MGRM
NAME	LUTZ, JOSEPH L
STREET ADDRESS	17481 CAPPER LANE
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	MGRM
NAME	KAREH, AHMAD R
STREET ADDRESS	4232 COUNTRY CLUB BLVD.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000299503
04/11/05-80110-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Scott C. Whitaker

Scott C. Whitaker 4/8/05

239-481-1331

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

Date

Daytime Phone #