


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000019955</b> 1. Entity Name BWLK PROPERTIES II, LLC.	
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Principal Place of Business 13041-1 MCGREGOR BOULEVARD FORT MYERS, FL 33919 US	Mailing Address 13041-1 MCGREGOR BOULEVARD FORT MYERS, FL 33919 US
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01132006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 27-0060067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WHITAKER, SCOTT C 4604 SW 5TH AVENUE CAPE CORAL, FL 33914
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

U000000493081  
04/19/06-80090-024 50.00

**DO NOT WRITE  
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: Scott C. Whitaker 4-3-06 239-481-1331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #