

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90142 029 ****50.00

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**

60025456



02052007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

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, AHMAD R
4232 COUNTRY CLUB BLVD.
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3-16-07

Date

239-481-1331

Daytime Phone #