


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90141 023 ****50.00

DOCUMENT # L03000031878					
1. Entity Name BCK PROPERTIES, LLC					
Principal Place of Business 10201 HOLSBERRY ROAD PENSACOLA, FL 32534			Mailing Address 10201 HOLSBERRY ROAD PENSACOLA, FL 32534		
2. Principal Place of Business 10391 Old Dairy Ln. Suite, Apt. #, etc. Pensacola		3. Mailing Address Same			
City & State FL		City & State FL		4. FEI Number 20-0242526	
Zip 32534		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAMPBELL, CLEVELAND R SR 3040 HIGHWAY 95A SOUTH CANTONMENT, FL 32533				7. Name and Address of New Registered Agent Name Campbell, Cleveland R. SR. Street Address (P.O. Box Number is Not Acceptable) 10391 Old Dairy Lane Pensacola City FL Zip Code 32534	
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)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME BROOKS, CHARLES E STREET ADDRESS 10201 HOLSBERRY ROAD CITY-ST-ZIP PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME ROGERS, TRUDY M. STREET ADDRESS 2014 Hamilton Crossing Dr. CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME KING, LONNIE STREET ADDRESS 6850 PINE FOREST ROAD CITY-ST-ZIP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME Campbell, Cleveland R, Jr. STREET ADDRESS 10391 Old Dairy Ln. CITY-ST-ZIP PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME CAMPBELL, CLEVELAND R SR. STREET ADDRESS 3040 HIGHWAY 95A SOUTH CITY-ST-ZIP CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE MGRM NAME Campbell, Cleveland R, Sr. STREET ADDRESS 10391 Old Dairy Lane CITY-ST-ZIP PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Cleveland R. Campbell, Sr.</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>2/13/06</u> Daytime Phone # <u>850-478-2795</u>	