

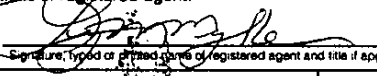
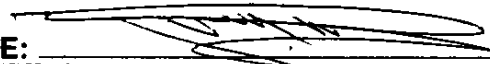


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90037 050 \*\*\*\*55.00

<b>DOCUMENT # L03000054702</b>					
<b>1. Entity Name</b> BK SEALCOATING & STRIPING, LLC					
<b>Principal Place of Business</b> 7400 VENETIAN WAY LAKE CLARKE SHORES, FL 33406			<b>Mailing Address</b> 7400 VENETIAN WAY LAKE CLARKE SHORES, FL 33406		
<b>2. Principal Place of Business</b> 8339 BRENTWOOD STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8339 BRENTWOOD STREET Suite, Apt. #, etc.			
City & State BROOKSVILLE, FL		City & State BROOKSVILLE, FL		01102006    Chg-LLC    CR2E083 (11/05)	
Zip    34613    Country    USA		Zip    34613    Country    USA		<b>4. FEI Number</b> 20-0468328	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  MYLLE, LYNN 7400 VENETIAN WAY LAKE CLARKE SHORES, FL 33406			<b>7. Name and Address of New Registered Agent</b> Name - LYNN MYLLE Street Address (P.O. Box Number is Not Acceptable) 8339 BRENTWOOD STREET City BROOKSVILLE    FL    Zip Code 34613		
<b>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.</b>					
SIGNATURE 				DATE 01/10/06	
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYLLE, JOHN D 7400 VENETIAN WAY LAKE CLARKE SHORES, FL 33406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN D. MYLLE 8339 BRENTWOOD STREET BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYLLE, LYNN 7400 VENETIAN WAY LAKE CLARKE SHORES, FL 33406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYNN M. MYLLE 8339 BRENTWOOD STREET BROOKSVILLE, FL 34613	<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	
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	
<b>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 60B, Florida Statutes.</b>					
<b>SIGNATURE:</b> 			DATE 01/10/06    561-310-8235		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		