
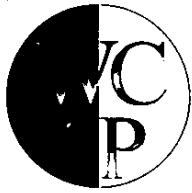


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90050 041 ****50.00

DOCUMENT # L04000015449 1. Entity Name BKI HEALTH VILLAGE, LLC					
Principal Place of Business 1936 LEE ROAD, SUITE 101 C/O WEBSTER, CHAIRES & PARTNERS, P.L. WINTER PARK, FL 32789			Mailing Address 1936 LEE ROAD, SUITE 101 C/O WEBSTER, CHAIRES & PARTNERS, P.L. WINTER PARK, FL 32789		
2. Principal Place of Business 450 N. Wymore Road Suite, Apt. #, etc. c/o Webster, Chaires & Partners, P.L.		3. Mailing Address 450 N. Wymore Road Suite, Apt. #, etc. c/o Webster, Chaires & Partners, P.L.			
City & State Winter Park Florida		City & State Winter Park Florida			
Zip 32789		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent W & P SERVICES, INC. 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 450 N. Wymore Road City Winter Park FL Zip Code 32789		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR KAHLI, BEAT M <input type="checkbox"/> Delete 13001 FOUNDERS SQUARE DR. ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EWING, KEITH A <input type="checkbox"/> Delete 13001 FOUNDERS SQUARE DR. ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR V T CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKS, ERIC B <input type="checkbox"/> Delete 13001 FOUNDERS SQUARE DR. ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR V S <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2-2-06 Daytime Phone # _____		



**WEBSTER, CHAIRES
& PARTNERS, P.L.**

ATTORNEYS AND BUSINESS CONSULTANTS
FLORIDA CIVIL LAW NOTARIES

ATTACHMENT

#604000015449

40058134

TRADITIONAL LEGAL SERVICES
COMMON SENSE APPROACH

Dawn Bachan-Muckunlall
Paralegal

E-mail: dmuckunlall@wplawyers.com

April 18, 2006

Via Certified Mail – RRR

Uniform Business Report
Division of Corporations
PO Box 6478
Tallahassee, FL 32314-6478

Re: **BKI Health Village, LLC / 2006 Uniform Business Report**

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced limited liability company. Also enclosed is check #010936 in the amount of \$50.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall
Paralegal

Enclosures