

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90330 028 ****50.00

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1. Entity Name
BGK1 DEVELOPERS, LLC

Principal Place of Business
**319 N. MAGNOLIA AVENUE
ORLANDO, FL 32801**

Mailing Address
**1090 DON MILLS ROAD
SUITE 600
TORONTO, ON M3C 3-R6**

60047273



2. Principal Place of Business - No P.O. Box #

1142 Kelson Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007 Chg-LLC CR2E083 (12/06)

City & State

Orlando FL

City & State

4. FEI Number

47-0943184

Applied For

Not Applicable

Zip

34761

Country

U.S.A

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKELLEY, JEANNIE L
319 N. MAGNOLIA AVENUE
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

SKelley Jeannie L.

Street Address (P.O. Box Number is Not Acceptable)

1142 Kelson Avenue

City

Orlando

FL

Zip Code

34761

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BGK1 INVESTMENTS, LLP**
STREET ADDRESS **319 N. MAGNOLIA AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **BGK1 Investments LLP**
STREET ADDRESS **1142 Kelson Avenue**
CITY-ST-ZIP **Orlando, FL 34761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #