

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90139 017 ****50.00

DOCUMENT # L04000032293

1. Entity Name
BKA, L.L.C.



Principal Place of Business
2987 WEST US HIGHWAY 90
LAKE CITY, FL 32055

Mailing Address
2987 WEST US HIGHWAY 90
LAKE CITY, FL 32055

40096851



06192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1105074

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~NAZAR, HEMANT PATEL~~ Hemant Patel
2987 WEST US HIGHWAY 90
LAKE CITY, FL 32055

**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

06/20/06

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NAZAR, HEMANT PATEL Govind Patel
STREET ADDRESS	2987 WEST US HIGHWAY 90 4055 Belmont Ave.
CITY-ST-ZIP	LAKE CITY, FL 32055 Youngstown, OH 44505

TITLE	MGRM
NAME	Hemant Patel
STREET ADDRESS	2987 West US Highway 90
CITY-ST-ZIP	Lake City, FL 32055

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #

06/20/06 (386) 758-4224