

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

01-27-2005 90080 012 ****50.00

DOCUMENT # L04000040220 1. Entity Name BK, L.L.C.					
Principal Place of Business 6224 N.W. 43RD ST, STE B GAINESVILLE, FL 32653			Mailing Address 6224 N.W. 43RD ST, STE B GAINESVILLE, FL 32653		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BIRDER, DUDLEY 6224 43RD ST, STE B GAINESVILLE, FL 32653				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BIRDER, DUDLEY JR 6224 N.W. 43RD ST, STE B GAINESVILLE, FL 32653		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1180535233/3333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1143457** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required