

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045884

FILED
Jan 14, 2008
Secretary of State

Entity Name: BK FLORIDA PARTNERS, L.L.C.

Current Principal Place of Business:

30 WINDSOR DRIVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

724 VALENCIA
VENICE, FL 34285

Current Mailing Address:

1811 ENGLEWOOD RD
#289
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 73-1712515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINVILLE, WILLIAM E III
30 WINDSOR DRIVE
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

LINVILLE, WILLIAM E III
724 VALENCIA
VENICE, FL 34285 US

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.

SIGNATURE: _____ 01/14/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LINVILLE, WILLIAM E III
Address: 30 WINDSOR DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LINVILLE, WILLIAM E III
Address: 1811 ENGLEWOOD RD, #289
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR () Delete
Name: LINVILLE, KATHRYN S
Address: 1811 ENGLEWOOD RD, #289
City-St-Zip: ENGLEWOOD, FL 34223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM E. LINVILLE III MR. 01/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date