

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90209 009 \*\*\*\*50.00

DOCUMENT # L04000058369

1. Entity Name

BKS HOLDINGS, LLC



Principal Place of Business

24945 U.S. HIGHWAY 19 NORTH  
CLEARWATER FL 33763

Mailing Address

24945 U.S. HIGHWAY 19 NORTH  
CLEARWATER FL 33763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1467632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H  
315 S. HYDE PARK AVENUE  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

KAREN J. WOLSTEIN

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

24945 US HIGHWAY 19 N

City

CLEARWATER

FL

Zip Code

33763

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 resigning)

DATE

3/15/06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME WOLSTEIN, BRIAN G  
STREET ADDRESS 24945 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE MGRM ☐ Delete  
NAME WOLSTEIN, KAREN J  
STREET ADDRESS 24945 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE MGR ☒ Delete  
NAME COLETTI, SCOTT L  
STREET ADDRESS 24945 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

KAREN J. WOLSTEIN

3/15/06

Date

727-726-1460

Daytime Phone #