

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90051 050 \*\*\*\*50.00

<b>DOCUMENT # L05000025760</b> 1. Entity Name <b>B &amp; K PROPERTIES WEST PALM, LLC</b>					
Principal Place of Business <b>ATTN: JACK BLUMENFELD</b> <b>9740 S.W. 148TH STREET</b> <b>MIAMI, FL 33176</b>			Mailing Address <b>ATTN: JACK BLUMENFELD</b> <b>9740 S.W. 148TH STREET</b> <b>MIAMI, FL 33176</b>		
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	
<b>BLUMENFELD, JACK</b> <b>9740 S.W. 148TH STREET</b> <b>MIAMI, FL 33176</b>				Name <b>Mike Blumenfeld</b> Street Address (P.O. Box Number is Not Acceptable) <b>9740 SW 148 Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33176</b>	
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 <u>Mike Blumenfeld</u> <i>Mike Blumenfeld</i> <span style="float: right;">1/15/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BLUMENFELD, MIKE</b> <b>9740 S.W. 148 STREET</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>KAPLAN, HOWARD</b> <b>9740 S.W. 148 STREET</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BLUMENFELD, JACK</b> <b>9740 S.W. 148 STREET</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: Mike Blumenfeld</b> <i>Mike Blumenfeld</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>				<b>1/15/06</b> <small>Date</small>	
				<b>305-608-0107</b> <small>Daytime Phone #</small>	