

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000056059

1. Entity Name
BLKY, LLC



Principal Place of Business
1635 WESTERN AVE
KNOXVILLE, TN 37921

Mailing Address
1635 WESTERN AVE
KNOXVILLE, TN 37921



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0626148

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YATES, KENNETH
112 SERENADE LAN E
PANAMA CITY BEACH, FL 32413

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000757877
05/23/07-80080-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LATIMER, ROBERT
STREET ADDRESS	817 19TH ST
CITY-ST-ZIP	KNOXVILLE, TN 37916
TITLE	MGR
NAME	YATES, KENNETH
STREET ADDRESS	112 SERENADE LN
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	MGR
NAME	STRATEGIC PARTNERS, LLC
STREET ADDRESS	1635 WESTERN AE
CITY-ST-ZIP	KNOXVILLE, TN 37921
TITLE	
NAME	
STREET ADDRESS	
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 #