


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90042 009 \*\*\*\*50.00

<b>DOCUMENT # L05000057736</b>	
1. Entity Name BGK, LLC	

Principal Place of Business 221 BELGRADE ROAD MT. VERNON, ME 04352	Mailing Address 221 BELGRADE ROAD MT. VERNON, ME 04352
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2. Principal Place of Business 2301 Tamiami Trl. N, <del>MT. VERNON</del>	3. Mailing Address 2301 Tamiami Trl. N.
Suite, Apt. #, etc. Unit A	Suite, Apt. #, etc. Unit A
City & State Nokomis, FL	City & State Nokomis, FL
Zip 34275	Country USA



01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 218-88-3194 (SS#)		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent REZNICSEK, RICK 240 PONTE VEDRA PARK DRIVE SUITE 150 PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent 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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ; KANN, BARBARA G 221 BELGRADE ROAD MT. VERNON, ME 04352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Barbara G. Kann **4/11/06** **941-966-5800** (afternoons only)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #