## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000057736

1. Entity Name BGK, LLC



**FILED** Feb 12, 2007 08:00 Al Secretary of State

Principal Place of Business

2301 TAMIAMI TRL N

UNIT A NOKOMIS, FL 34275 Mailing Address

2301 TAMIAMI TRL N

UNIT A

DO NOT WRITE IN THIS SPACE

NOKOMIS, FL 34275



01272007 No Chg-LLC'

CR2E083 (11/05)

	\$5.00 A 4.00
21-8883194	Not Applicable
4. FEI Number	Applied For
A CCIAL	Applied For

5. Certificate of Status Desired

5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KANN, BARBARA G

## DO NOT WRITE

UNIT A	5, FL 34275	IN .	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				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	KANN, BARBARA G	İ		
STREET ADDRESS	221 BELGRADE ROAD	₽ .		
CITY-ST-ZIP	MT. VERNON, ME 04352		000000630682 02/20/07-80017-002 50.00	
TITLE			02/20/07-80017-002 50 00	
NAME		1		
STREET ADDRESS				
CITY-S7-ZIP				
TITLE				
NAME				
STREET ADDRESS			NOT WRITE	
CITY-ST-ZIP			NOI WILLE	
TITLE		INI '	THIS SPACE	
NAME		1 11/4	I TIO SPACE	
STREET ADDRESS		,		

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #