

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000000045

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** BKS PARTNERS PRIVATE RISK GROUP LLC

**Current Principal Place of Business:**

4010 W. BOYSCOUT BLVD.  
SUITE 200  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4010 W. BOYSCOUT BLVD.  
SUITE 200  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 20-4101606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BALDWIN, L. LOWRY  
4010 W. BOYSCOUT BLVD., STE 200  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BALDWIN, L. LOWRY  
**Address:** 4010 W BOY SCOUT BLVD SUITE 200  
**City-St-Zip:** TAMPA, FL 33607

**Title:** MGR  
**Name:** KRYSTYN, ELIZABETH H  
**Address:** 4010 W BOY SCOUT BLVD., SUITE 200  
**City-St-Zip:** TAMPA, FL 33607

**Title:** MGR  
**Name:** SHERMAN, LAURA R  
**Address:** 4010 W BOY SCOUT BLVD., SUITE 200  
**City-St-Zip:** TAMPA, FL 33607

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** LOWRY BALDWIN

MGR

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date