FILED
May 17, 2007 8:00 am
Secretary of State
04-27-2007 90037 028 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30008041

04242007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000034586

1. Entity Name
BK HORSE, LLC

Principal Place of Business	Mailing Address
9625 WES KEARNEY WAY RIVERVIEW, FL 33659 US	9625 WES KEARNEY WAY RIVERVIEW, FL 33659 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5115 JOANNE KEARNEY BLVD.	P.O. BOX 5299
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL.	City & State: TAMPA, FL.
Zip: 33619 Country: USA	Zip: 33675-5299 Country:

4. FEI Number 20-4622031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, JAMES M
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5115 JOANNE KEARNEY BLVD.
City TAMPA FL Zip Code 33619

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] 4/25/07
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEARNEY, BING CHARLES W JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5115 JOANNE KEARNEY BLVD. TAMPA FL 33619	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/25/07 813 435-7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #