2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90022 040 ***138.75

DOCUMENT # L06000065238

1. Entity Name
BK LEEWARD LLC

Principal Place of Business	Mailing Address
2556 N. MCMULLEN BOOTH RD CLEARWATER FL 33761	2556 N. MCMULLEN BOOTH RD CLEARWATER FL 33761

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
935 Main St	935 Main St
Suite, Apt. #, etc. C-2	Suite, Apt. #, etc. C-2
City & State Safety Harbor, FL	City & State Safety Harbor, FL
Zip 34695 Country Pinellas	Zip 34695 Country Pinellas

4. FEI Number 20-5199422 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RABON, BRUCE D 2556 N. MCMULLEN BOOTH RD CLEARWATER FL 33761	Name Street Address (P.O. Box Number is Not Acceptable) 935 MAIN ST C-2 City Safety Harbor FL Zip Code 34695

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RABON, BRUCE 2556 N. MCMULLEN BOOTH RD CLEARWATER FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	935 Main St. C-2 Safety Harbor, FL 34695	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RABON, KATHY S 2556 N. MCMULLEN BOOTH RD CLEARWATER FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	935 Main St C-2 Safety Harbor, FL 34695	☑ 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 Section 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] 4-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #