


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90369 024 \*\*\*\*50.00

<b>DOCUMENT # L06000077668</b> 1. Entity Name BKOP1, LLC	
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Principal Place of Business 30100 TELEGRAPH RD. SUITE 366 BINGHAM FARMS, MI 48025 US	Mailing Address 30100 TELEGRAPH RD. SUITE 366 BINGHAM FARMS, MI 48025 US
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60038727



2. Principal Place of Business - No P.O. Box # C/O ABBEY MANAGEMENT, LLC Suite, Apt. #, etc. 711 S. OSPREY AVE, STE 1 City & State SARASOTA, FL Zip 34236 Country US	3. Mailing Address C/O ABBEY MANAGEMENT, LLC Suite, Apt. #, etc. 711 S. OSPREY AVE, STE 1 City & State SARASOTA FL Zip 34236 Country US
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04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5327326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent R & A AGENTS, INC. 850 PARK SHORE DRIVE THIRD FLOOR NAPLES, FL 34103	
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 \_\_\_\_\_

**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 BURCZ, GREGORY E 6210 MEDICI CT., SUITE 105 SARASOTA, FL 34243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAGLIONE, STEPHEN J. C/O ABBEY MANAGEMENT, LLC 711 S. OSPREY AVE, STE 1 SARASOTA, FL 34236 <input checked="" 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
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:** \_\_\_\_\_

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

Date

Daytime Phone #