

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90318 007 \*\*\*143.75

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<b>DOCUMENT # L07000065953</b>					
1. Entity Name BILLY K ENTERPRISES, LLC					
Principal Place of Business 1235 BRYN MAWR AVENUE LAKE WALES, FL 33853 US			Mailing Address 1235 BRYN MAWR AVENUE LAKE WALES, FL 33853 US		
2. Principal Place of Business - No P.O. Box # 1122 Druid Circle DR		3. Mailing Address 1122 Druid Circle DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Wales FL.		City & State Lake Wales FL.		4. FEI Number 260416578	
Zip 33853	Country USA	Zip 33853	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PROFESSIONAL TAX CONSULTANTS, INC. 112 AVENUE E, SW WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent		
-Name			-Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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		<i>William F. Karnes Sr.</i>		DATE Apr 15, 2008	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARNES, WILLIAM F SR		NAME	KARNES William F. SR.	
STREET ADDRESS	1235 BRYN MAWR AVENUE		STREET ADDRESS	1122 DRUID CIRCLE DR	
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP	LAKE WALES FL. 33853	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		<i>William F. Karnes Sr.</i>		DATE Apr 15, 2008	
Signature and typed or printed name of signing managing member, manager, or authorized representative		(NOTE: Registered Agent signature required when reinstating)		DATE	
				Daytime Phone # 863-604-8299	