2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L07000089132 BKR ENTERPRISES L.L.C. 2008 JAN 23 PM 2: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business **304 PLANTATION DRIVE 304 PLANTATION DRIVE** HAVANA, FL 32333 HAVANA, FL 32333 2. Principal Place of Business -- No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For City & State Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUBER, WILMER F JR Street Address (P.O. Box Number is Not Acceptable) 304 PLANTATION DRIVE HAVANA, FL 32333 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Addition ☐ Delete TITLE ☐ Change TITLE 700116362587 01/29/08--01036--001 **13 NAME HUBER, CHRISTA B NAME 304 PLANTATION DRIVE STREET ADDRESS STREET ADDRESS HAVANA, FL 32333 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE L. SELLERS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAN 22 2008 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED