

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098175

Entity Name: BK CARD COMPANY, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

5505 BLUE LAGOON DRIVE
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5505 BLUE LAGOON DRIVE
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-3146979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHIDSEY, JOHN W
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: WELLS, BEN K
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: CHWAT, ANNE
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: SMITH, PETER C
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: AS () Delete
Name: GILES-KLEIN, LISA
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: AS () Delete
Name: GONZALEZ, ESTHER
Address: 5505 BLUE LAGOON
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA GILES-KLEIN

AS

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date