

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

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

05-21-2008 90206 042 \*\*\*138.75

DOCUMENT # M07000005026

1. Entity Name

HKBW PROPERTIES, LLC



Principal Place of Business

9240 NORTH MERIDIAN STREET STE 300  
INDIANAPOLIS IN 46260

Mailing Address

9240 NORTH MERIDIAN STREET STE 300  
INDIANAPOLIS IN 46260



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Amended for

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

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

TITLE MGR ☐ Delete  
NAME HEIDELMAN, JOSEPH F  
STREET ADDRESS 9240 NORTH MERIDIAN STREET STE 300  
CITY- ST- ZIP INDIANAPOLIS IN 46260

TITLE MGR ☐ Delete  
NAME KAPP, MICHAEL G  
STREET ADDRESS 9240 NORTH MERIDIAN STREET STE 300  
CITY- ST- ZIP INDIANAPOLIS IN 46260

TITLE MGR ☐ Delete  
NAME BAILEY, DAVID E  
STREET ADDRESS 9240 NORTH MERIDIAN STREET STE 300  
CITY- ST- ZIP INDIANAPOLIS IN 46260

TITLE MGR ☐ Delete  
NAME WRIGHT, GREGORY T  
STREET ADDRESS 9240 NORTH MERIDIAN STREET STE 300  
CITY- ST- ZIP INDIANAPOLIS IN 46260

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

Date

Exempted From #

Michael Kapp

4/26/08

317-846-7372