

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90199 003 ****50.00

DOCUMENT # L00000006766



1. Entity Name
BL II, LLC

Principal Place of Business
**4144 NORTHMEADOW CIRCLE
TAMPA FL 33624**

Mailing Address
**PO BOX 270479
TAMPA FL 33688**

20001846



2. Principal Place of Business
4420 N CORTEZ

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip
33614

Country
HILLSBOROUGH

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTEITH, LARRY I
4144 NORTHMEADOW CIRCLE
TAMPA FL 33624**

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 *Larry Monteith*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/6/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **MONTEITH, LARRY L**
STREET ADDRESS **4144 N MEADOW CIRCLE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **MONTEITH, GLORIA J**
STREET ADDRESS **4144 N MEADOW CIRCLE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)