

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90262 032 \*\*\*\*50.00

DOCUMENT # L02000005017

1. Entity Name  
THE BLASKO GROUP L.L.C.



Principal Place of Business  
10330 CHEDOAK COURT UNIT 205  
JACKSONVILLE, FL 32218

Mailing Address  
10330 CHEDOAK COURT UNIT 205  
JACKSONVILLE, FL 32218



03082006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3018407

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BLASKO, JOSEPH JR.  
10330 CHEDOAK COURT UNIT 205  
JACKSONVILLE, FL 32218

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME BLASKO, JOSEPH JR.  
STREET ADDRESS 10330 CHEDOAK COURT UNIT 205  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE MGR  
NAME BLASKO, JANET R  
STREET ADDRESS 10330 CHEDOAK COURT UNIT 205  
CITY-ST-ZIP JACKSONVILLE, FL 32218

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CITY-ST-ZIP

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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: \_\_\_\_\_

Joseph Blasko, Jr. 3-15-2006 (904) 714-1246

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

Date

Daytime Phone #