

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

02-21-2003 90020 039 ****50.00

DOCUMENT # L02000008084



1. Entity Name
BLR CAPITAL MANAGEMENT, LLC

Principal Place of Business Mailing Address
111 E FAIRBANKS AVE. STE 100 111 E FAIRBANKS AVE. STE 100
WINTER PARK FL 32789 WINTER PARK FL 32789

2. Principal Place of Business 3. Mailing Address
111 E. Fairbanks Ave. SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100

City & State City & State
Winter Park, Florida
Zip Country Zip Country
32789 United States

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
READ, ALEXANDER
111 E FAIRBANKS AVE, STE 100
WINTER PARK FL 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	General Partner Alexander Read 111 E. Fairbanks Ave Suite 100 Winter Park, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Partner Chance Brannen 111 E. Fairbanks Ave. Suite 100 Winter Park, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Partner Robert Lindces 111 E. Fairbanks Ave. Suite 100 Winter Park, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of a trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alexander Read HS-03 407-629-2746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)