

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011056

FILED
Mar 22, 2004
Secretary of State

Entity Name: BLASLAND & ASSOCIATES, LLC

Current Principal Place of Business:

333 WEST CAMINO GARDENS BOULEVARD STE. 203
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

333 WEST CAMINO GARDENS BOULEVARD STE. 203
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 36-4527212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINERLEY, KENNETH L
C/O BLOCH, MINERLEY & FEIN, P.L.
980 NORTH FEDERAL HIGHWAY STE. 412
BOCA RATON, FL 33432 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/MEMBERS:

Title: MGRM () Delete
Name: BLASLAND, BRIAN J
Address: 333 WEST CAMINO GARDENS BOULEVARD STE. 203
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: BLASLAND, DAVID A
Address: 333 WEST CAMINO GARDENS BOULEVARD STE. 203
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BLASLAND, DAVID A
Address: 333 WEST CAMINO GARDENS BOULEVARD STE. 203
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN BLASLAND

MGRM

03/22/2004

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