


FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90015 044 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027115

1. Entity Name
BLRE, LLC



Principal Place of Business
C/O LINETT, SCHECHTER, REICHER & OFSEVIT
810 SEVENTH AVE, 10TH FLOOR
NEW YORK, NY 10019

Mailing Address
C/O LINETT, SCHECHTER, REICHER & OFSEVIT
810 SEVENTH AVE, 10TH FLOOR
NEW YORK, NY 10019

24055957



01232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 20-0128782		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SWINDLING, SANDY C/O MOORE, STEPHENS, LOVELACE, P.A. 14750 NW 77 CT, STE 200 MIAMI LAKES, FL 33016			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 reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

MEM
MANUEL SCHWARF
5018 OLD NEW UTRECHT RD.
BROOKLYN NY 11204

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:  **MANUEL SCHWARF** **MEM** **4/21/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #