


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90018 033 ****50.00

DOCUMENT # L03000027115 1. Entity Name BLRE, LLC	
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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
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20047668



2. Principal Place of Business	3. Mailing Address	4. FEI Number 20-0128782	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

04182005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent SWINDLING, SANDY C/O MOORE, STEPHENS, LOVELACE, P.A. 14750 NW 77 CT, STE 200 MIAMI LAKES, FL 33016	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHARF, MANUEL <input type="checkbox"/> Delete 5018 OLD NEW ULRECHT RD BROOKLYN, NY 11204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHARF, MANUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1608 59TH ST. BROOKLYN NY 11204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARLOW MELNIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 345 SPARKS MD. 21152	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 SCHARF 4/22/05 718-8377700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #