


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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
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04192006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0128782	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent

**SWINOLING, SANDY
 C/O MOORE, STEPHENS, LOVELACE, P.A.
 14750 NW 77 CT, STE 200
 MIAMI LAKES, FL 33016**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHARF, MANUEL 1608 59TH STREET BROOKLYN, NY 11204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WARLOW, MELISSA PO BOX 245 SPARKS GLENCOE, MD 21152
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/13/06-80003-002 50.00

DO NOT WRITE IN THIS SPACE

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:  **MANUEL SCHARF** **5/24/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #