


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 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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04192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0128782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 33018

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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 _____

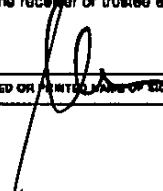
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing change)

Filing Fee is \$50.00
Due by May 1, 2007

8. 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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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:  DATE: 4/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE