

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027115

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** BLRE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-0128782      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHARF, MANUEL  
Address: 1608 59TH STREET  
City-St-Zip: BROOKLYN, NY 11204

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SCHARF MANUEL      MGRM      04/30/2009

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