


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90020 006 ****50.00

DOCUMENT # L04000089714					
1. Entity Name ANDREWS-BLAINE LTD. CO.					
Principal Place of Business 522 WALTON WAY DESTIN, FL 32550			Mailing Address 522 WALTON WAY DESTIN, FL 32550		
2. Principal Place of Business 1077 Hwy 98 East Suite, Apt. #, etc. Suite # 100 City & State Destin, FL Zip 32541 Country USA		3. Mailing Address 1077 Hwy 98 East Suite, Apt. #, etc. Suite # 100 City & State Destin, FL Zip 32541 Country USA		04122005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-1999690 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BURGE, FRANK B 522 WALTON WAY DESTIN, FL 32550			7. Name and Address of New Registered Agent Name Frank B. Burge Street Address (P.O. Box Number is Not Acceptable) 1077 Hwy 98 East Suite # 100 City Destin FL Zip Code 32541		
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 <i>Frank B. Burge</i> DATE 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		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	MGR Pamela A. Burge		
STREET ADDRESS		STREET ADDRESS	1077 Hwy 98 East, Suite #100		
CITY-ST-ZIP		CITY-ST-ZIP	Destin, FL 32541		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Pamela A. Burge</i>			Date 4-11-05		Daytime Phone #

60037000

