## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000085206

Entity Name: BLB RESTARAUNTS LLC

12911 TAR FLOWER

TAMPA, FL 33626

Address:

City-St-Zip:

FILED Aug 21, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12911 TAR FLOWER TAMPA, FL 33626 **Current Mailing Address: New Mailing Address:** 12911 TAR FLOWER TAMPA, FL 33626 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANTHONE, LOTT 12911 TAR FLOWER TAMPA, FL 33626 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROBERT, BLALOCK Name: Name: Address: 11511 WHISPERING HOLLOW DRIVE Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MICHAEL, BRODY Name: Address: 12706 PRINCEWOOD COURT Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ANTHONE, LOTT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ANTHONE LOTT MGRM 08/21/2006