


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M05000003580 1. Entity Name BLAKE G. ARATA, L.L.C. |  |
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|--|--|
| Principal Place of Business 201 ST. CHARLES AVE., SUITE 4000 NEW ORLEANS, LA 70170 | Mailing Address 201 ST. CHARLES AVE., SUITE 4000 NEW ORLEANS, LA 70170 |
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 72-1432659 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent LACOUR, BRADLEY 5001 CHOCTAW DRIVE PENSACOLA, FL 32507 |
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

U00000587594
01/17/07-80033-005 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARATA, BLAKE G 201 ST. CHARLES AVE., SUITE 4000 NEW ORLEANS, LA 70170 |
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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:  1-10-2007 504-582-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #