FILED
Mar 12, 2004 8:00 am
Secretary of State
02-23-2004 90343 021 ****50.00
01-28-2004 90020 028 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000015668

1. Entity Name
BLAIR I, LLC

Principal Place of Business	Mailing Address
1919 FOURTEENTH STREET C/O KABILI AND COMPANY BOULDER CO 80302	1919 FOURTEENTH STREET C/O KABILI AND COMPANY BOULDER CO 80302

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Same		Same	
Suite, Apt. #, etc. 800		Suite, Apt. #, etc. 800	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0016665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE 1
TALLAHASSEE FL 32301-1283

7. Name and Address of New Registered Agent
Name: Shimon Kabili
Street Address (P.O. Box Number is Not Acceptable): 1400 Oven Park Drive
City: Tallahassee FL Zip Code: 32308

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: Shimon Kabili [signature] 1/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Partner Shimon Kabili MGRM 1919 14th St # 800 Boulder, Co 80302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1/22/04 303-441-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #