

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000466

Entity Name: BLK, L.L.C.

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

13180 N. CLEVELAND AVE
338
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

13180 N. CLEVELAND AVE
338
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 43-1956902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, PA
ATTN: JACQUELINE WHATLEY
101 E. KENNEDY BLVD # 2190, BANK OF AM PLZ
TAMPA, FL 33602 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: VP () Delete
Name: RAMEY, LORI
Address: 13180 N. CLEVELAND AVE # 338
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: P () Delete
Name: DAVIS, BILLY R JR
Address: 1953 E EDGEWOOD DR
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: DAVIS, LORI
Address: 13180 N. CLEVELAND AVE # 338
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: P (X) Change () Addition
Name: DAVIS, BILLY R JR
Address: 13180 N. CLEVELAND AVE #338
City-St-Zip: N. FORT MYERS, FL 33903

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.

SIGNATURE: LORI DAVIS

VP

01/05/2006

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