2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 FEB -5 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000181 AF

DOCUMENT # L00000001751

1. Entity Name
BLAKE & BLAKE ASSOCIATES, LLC

Principal Place of Business	Mailing Address
~~1128 E. DONEGAN AVE.~~ 2201 PARTIN SETTLEMENT RD ~~KISSIMMEE FL 34744~~ KISSIMMEE, FL 34744	~~1128 E. DONEGAN AVE.~~ 2201 PARTIN SETTLEMENT RD ~~KISSIMMEE FL 34744~~ KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34744 Country: OSCEOLA	Zip: 34744 Country: OSCEOLA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, WENDY ESQ. 200 SOUTH ORANGE AVE., SUITE 2300 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE [signature] DATE 1/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

400003675874--2
-02/13/01--01022--011
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BLAKE, STERLING ~~1128 E. DONEGAN AVE.~~ 2201 PARTIN SETTLEMENT RD KISSIMMEE FL 34744	☐ Delete	☒ Change ☐ Addition	2201 PARTIN SETTLEMENT. RD. KISSIMMEE, FL 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BLAKE, ANN ~~1128 E. DONEGAN AVE.~~ 2201 PARTIN SETTLEMENT RD KISSIMMEE FL 34744	☐ Delete	☒ Change ☐ Addition	2201 PARTIN SETTLEMENT RD. KISSIMMEE. FL 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E083 (11/00)

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] 1/31/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #