

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 24, 2004 08:00 AM
Secretary of State**

DOCUMENT # L00000008019

1. Entity Name
21 BLANDING, LLC



Principal Place of Business

**45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202**

Mailing Address

**45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202**



01142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3656337

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRUNTHAL, LEONARD H III
45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	SCHUETH, WILLIAM JR
STREET ADDRESS	45 W. BAY STREET, SUITE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MEM
NAME	PENNINGTON, RUFUS C III
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 1700
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000012822
01/26/04-80026-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #