

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000014042

1. Entity Name
BLUMER & STANTON PROPERTIES, LLC



| | |
|--|--|
| Principal Place of Business 5112 GEORGIA AVENUE WEST PALM BEACH, FL 33405 | Mailing Address 5112 GEORGIA AVENUE WEST PALM BEACH, FL 33405 |
|--|--|



01082007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|---|
| 4. FEI Number 65-1060797 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**STANTON, ROGER K
 5112 GEORGIA AVENUE
 WEST PALM BEACH, FL 33405**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------------|----------------------------------|
| TITLE P | STANTON, ROGER K |
| NAME | 5112 GEORGIA AVENUE |
| STREET ADDRESS | WEST PALM BEACH, FL 33405 |
| CITY-ST-ZIP | |
| TITLE MGRS | STANTON, WILLIAM W |
| NAME | 5112 GEORGIA AVENUE |
| STREET ADDRESS | WEST PALM BEACH, FL 33405 |
| CITY-ST-ZIP | |
| TITLE MGR | IRWIN, MARCILLE S |
| NAME | 5112 GEORGIA AVENUE |
| STREET ADDRESS | WEST PALM BEACH, FL 33405 |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 01/22/07-80055-012 55.00

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:  DATE: **1/8/07** (561) 585-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #