2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 26, 2005 8:00 am Secretary of State DOCUMENT # L01000000466 1. Entity Name 01-26-2005 90061 041 ****55.00 BLK, L.L.C. Principal Place of Business Mailing Address 13180 N. CLEVELAND AVE #313 338 N. FORT MYERS FL 33903 13180 N. CLEVELAND AVE #219 338 N. FORT MYERS FL 33903 Principal Place of Business 3. Mailing Address 3/80 N 1st MOORE CR2E083 (10/04) Applied For 4. FEI Number 43-1956902 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, PA ATTN: JACQUELINE WHATLEY 101 E. KENNEDY BLVD 1000 - BANK OF AM PLZ **TAMPA FL 33602** 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, typed or printed name of registered agent and little # applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change NILE TITLE ☐ Addition ☐ Defete Lor, Rancy 13180N. Cleveland Ave #338 NAME RAMEY, LORI NAME STREET ADDRESS STREET ADDRESS 13180 NORTH CLEVELAND AVENUE, #318 CITY-ST-ZIP N. Fort Myers CITY-ST-ZIP NORTH FORT MYERS FL 33903 ☐ Defete TITLE PBilly R. Davis Jr Change ☐ Addition TITLE NAME, 953 STREET ADDRESS DAVIS, BILLY R JR NAME 1953 E. Edgewood Dr STREET ADDRESS 1935-E. EDGEWOOD DR. BLDG: J lake land CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP ☐ Delete HILF Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME & --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED