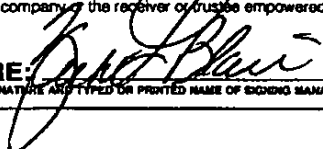


FILED  
Mar 17, 2005 8:00 am  
Secretary of State

03-17-2005 90138 036 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                      |                                                                       |                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| DOCUMENT # L01000004165                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                      |                                                                       |         |  |
| 1. Entity Name<br>BLAIR II, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                                      |                                                                       |                                                                                          |  |
| Principal Place of Business<br>6649 AMORY COURT, SUITE 6<br>WINTER PARK, FL 32792                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                      | Mailing Address<br>6649 AMORY COURT, SUITE 6<br>WINTER PARK, FL 32792 |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                      | 3. Mailing Address                                                    |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                      | Suite, Apt. #, etc.                                                   |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                      | City & State                                                          |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                  | Zip                                                  | Country                                                               | 4. FEI Number<br>59-3208687                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                      |                                                                       | Applied For<br>Not Applicable                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                      |                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>SMALLEY, WAYNE<br>1517 E HILLCREST STREET<br>ORLANDO, FL 32803                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                      |                                                                       | 7. Name and Address of New Registered Agent                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                      |                                                                       | 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                 |                                                                          |                                                      |                                                                       |                                                                                          |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                      |                                                                       |                                                                                          |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | Make check payable to<br>Florida Department of State |                                                                       |                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                      | 10. ADDITIONS/CHANGES                                                 |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGR<br>BLAIR, ZILKE<br>283 TWELVE LEAGUE CIRCLE<br>CASSELBERRY, FL 32707 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                      | 2-17-05                                                               |                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                      | Date Daytime Phone #                                                  |                                                                                          |  |