# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004165

**FILED**
**Aug 04, 2006**
**Secretary of State**

**Entity Name:** BLAIR II, L.L.C.

**Current Principal Place of Business:**

6649 AMORY COURT, SUITE 6
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

6649 AMORY COURT, SUITE 6
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number: 59-3208687** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

SMALLEY, WAYNE
1517 E HILLCREST STREET
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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: ______________________________
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

| | |
|---|---|
| Title: | MGR ( ) Delete |
| Name: | BLAIR, ZILKE |
| Address: | 263 TWELVE LEAGUE CIRCLE |
| City-St-Zip: | CASSELBERRY, FL 32707 |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | MGR (X) Change ( ) Addition |
| Name: | BLAIR, ZILKE |
| Address: | 505 SHADOW GLEN |
| City-St-Zip: | WINTER SPRINGS, FL 32707 |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ZILKE BLAIR M M 08/04/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date