FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90156 007 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30040044

DOCUMENT # L01000006390

1. Entity Name
BLANKENSHIP COGGIN INVESTMENTS, LLC

Principal Place of Business	Mailing Address
1301 SOUTH FIRST STREET UNIT 504 JACKSONVILLE BEACH, FL 32250 US	1301 SOUTH FIRST STREET UNIT 504 JACKSONVILLE BEACH, FL 32250 US

2. Principal Place of Business	3. Mailing Address
2716 St. Johns Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX FL	City & State
Zip: 32205 Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3712841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLANKENSHIP, KIMBERLY A ESQ. 1300 MARSH LANDING PARKWAY SUITE 108 JACKSONVILLE BEACH, FL 32250	Name: Kimberly A. Blankenship Street Address (P.O. Box Number is Not Acceptable): 2716 St. Johns Ave City: JAX FL Zip Code: 32205

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] 2/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BLANKENSHIP, KIMBERLY A ESQ. ~~1301 SOUTH FIRST STREET, #504~~ ~~JACKSONVILLE BEACH, FL 32250~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2716 St. Johns Ave JAX FL 32205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COGGIN, CINDY S ~~1301 SOUTH FIRST STREET, #504~~ ~~JACKSONVILLE BEACH, FL 32250~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2716 St. Johns Ave JAX FL 32205
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CR2E083 (10/02)

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] 2/27/03 904-543-8665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #