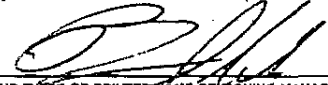


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008303 1. Entity Name BLC RENTAL PROPERTIES, LLC					
Principal Place of Business 609 PACKFORD DRIVE CHESTERFIELD MD 63017			Mailing Address 609 PACKFORD DRIVE CHESTERFIELD MD 63017		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-115439	
5. Certificate of Status Desired ☐		☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FAMIGLIO, GEORGE V 1634 MAIN ST. SARASOTA FL 34230				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 re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CILO, BRUCE 609 PACKFORD DRIVE CHESTERFIELD MD 63017	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1000000045168 02/11/04-80049-014 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CILO, LINDA 609 PACKFORD DRIVE CHESTERFIELD MD 63017	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/23/04 636-230-7114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE