


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000013390</b> 1. Entity Name <b>B.L.I. PROPERTIES, LLC</b>	
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Principal Place of Business <b>ONE S.E. THIRD AVE. 28TH FLOOR MIAMI, FL 33131</b>	Mailing Address <b>ONE S.E. THIRD AVE. 28TH FLOOR MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>65-1130555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BEZOLD, RICHARD M ESQ. ONE SOUTHEAST THIRD AVE. 28TH FLOOR MIAMI, FL 33131</b>
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IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000738291  
05/11/07-80061-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEZOLD, RICHARD M ONE SE THIRD AVENUE, 28TH FLR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KURSZEWski, JOHN ONE SE THIRD AVENUE, 28TH FLR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERLING, JAMES ONE SE THIRD AVENUE, 28TH FLR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINZ, VICKI ONE SE THIRD AVENUE, 28TH FLR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **4/25/07 305-982-5157**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #