


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
05 FEB 22 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L01000015468</b>                |  |
| 1. Entity Name<br>BLR-VILLA CITY ROAD, L.L.C. |                                                                                   |

|                                                                                                                     |                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>390 NORTH ORANGE AVE. SUITE 1100<br>C/O C. DAVID BROWN II, P.A.<br>ORLANDO, FL 32801 | Mailing Address<br>390 NORTH ORANGE AVE. SUITE 1100<br>C/O C. DAVID BROWN II, P.A.<br>ORLANDO, FL 32801 |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

|                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>B&C CORPORATE SERVICES OF CENTRAL FLORIDA<br>390 NORTH ORANGE AVE. SUITE 1100<br>ORLANDO, FL 32801 |  |
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01042005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number<br>59-3743890                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

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

|                                                     |                                                              |
|-----------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS / MANAGERS                     |                                                                                                                    | 10. ADDITIONS / CHANGES                            |                                                                   |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>BROWN, C. DAVID II<br>390 NORTH ORANGE AVE. SUITE 1100<br>ORLANDO, FL 32801 <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 |

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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.

|                                                                                                                                                    |                 |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------|
| <b>SIGNATURE:</b>                                               | Date<br>2/21/05 | Daytime Phone #<br>407-839-4200 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small><br>C. David Brown II, Manager |                 |                                 |