

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000017311

1. Entity Name  
BLR, LLC



Principal Place of Business  
2816 EAST ROBINSON STREET  
ORLANDO, FL 32803

Mailing Address  
2816 EAST ROBINSON STREET  
ORLANDO, FL 32803



07062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
45-0472536

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BELL, MICHAEL M  
2816 EAST ROBINSON STREET  
ORLANDO, FL 32803

**DO NOT WRITE  
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 September 14, 2007**

U000000767753  
07/10/07-80015-016 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME BELL, MICHAEL M  
STREET ADDRESS 2816 EAST ROBINSON STREET  
CITY - ST - ZIP ORLANDO, FL 32803

TITLE MGRM  
NAME ROPER, MICHAEL J  
STREET ADDRESS 2816 EAST ROBINSON STREET  
CITY - ST - ZIP ORLANDO, FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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 609, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone If

7-7-07