

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004198

Entity Name: BLSH PROPERTIES, LLC

FILED
Sep 11, 2006
Secretary of State

Current Principal Place of Business:

1301 RIVERPLACE BLVD.
SUITE 1818
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1301 RIVERPLACE BLVD.
SUITE 1818
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 83-0345819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILKINSON, GARY L
1301 RIVERPLACE BLVD.
SUITE 1818
JACKSONVILLE, FL 32207 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILKINSON, GARY L
Address: 1301 RIVERPLACE BLVD STE 1818
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: FRDERICK, STEPHEN E
Address: 2237 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FRDERICK, STEPHEN E
Address: 1960 SOUTH COUNTY ROAD 16A
City-St-Zip: GREEN COVE SPRINGS, FL 32243

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY L. WILKINSON

MGRM

09/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date