

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90899 005 ****50.00

DOCUMENT # **L02000007386**

1. Entity Name

BLP, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

525 Washington Street

Suite, Apt. #, etc.

Auburn, MA

City & State

Auburn, MA

Zip

01501

Country

3. Mailing Address

113 Via Beneventop

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32069

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0435083

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Levine & Segaul, P.A.

Street Address (P.O. Box Number is Not Acceptable)

4300 N. University Drive

City

Fort Lauderdale

FL

Zip Code

33351

**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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Manager	Richard Lundgren	113 Via Beneventop	New Smyrna Beach, FL 32069				

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Richard Lundgren

Richard Lundgren

4-10-03

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

Date

Daytime Phone #