

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

02-21-2003 90020 039 ****50.00

DOCUMENT # L02000008084

1. Entity Name

BLR CAPITAL MANAGEMENT, LLC



Principal Place of Business

Mailing Address

111 E FAIRBANKS AVE. STE 100
WINTER PARK FL 32789

111 E FAIRBANKS AVE. STE 100
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

111 E. Fairbanks Ave.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State
Winter Park, Florida

City & State

Zip

Country

Zip

Country

32789 United States



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

READ, ALEXANDER
111 E FAIRBANKS AVE, STE 100
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
General Partner
Alexander Read
111 E. Fairbanks Ave Suite 100
Winter Park, FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
General Partner
Chance Brannen
111 E. Fairbanks Ave. Suite 100
Winter Park, FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
General Partner
Robert Lindes
111 E. Fairbanks Ave. Suite 100
Winter Park, FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 of the trust or the person authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

HS-03

407-629-2746

CR2E083 (10/02)