


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000015540</b> 1. Entity Name BLOMQUIST-FLORIDA INVESTMENTS TWO L.L.C.	
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Principal Place of Business 8009 HERB FARM RD. C/O C. WILLIAM BLOMQUIST BETHESDA, MD 20817	Mailing Address 8009 HERB FARM RD. C/O C. WILLIAM BLOMQUIST BETHESDA, MD 20817
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**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RITCHIE, RONALD W  
5129 CASTELLO DRIVE  
SUITE 4  
NAPLES, FL 34103

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOMQUIST, C. WILLIAM 8009 HERB FARM RD. BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOMQUIST, DIANE K 8009 HERB FARM RD. BETHESDA, MD 20817
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02/16/05-80053-011 50.00

**DO NOT WRITE  
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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.

SIGNATURE: C. Blomquist 2-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #