

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020057

FILED
Feb 05, 2004
Secretary of State

Entity Name: BLINK, LLC

Current Principal Place of Business:

5165 LAKE VALENCIA BLVD., W.
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

5165 LAKE VALENCIA BLVD., W.
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 56-2285441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAHILL, CRAIG
5165 LAKE VALENCIA BLVD.
PALM HARBOR, FL 346843934 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: MENDENHALL, SCOTT A
Address: 5165 LAKE VALENCIA BLVD., W.
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR () Delete
Name: CAHILL, CRAIG W
Address: 5165 LAKE VALENCIA BLVD., W.
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR () Delete
Name: ARCHER, GREG
Address: 5165 LAKE VALENCIA BLVD., W.
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT A. MENDENHALL

MGR

02/05/2004

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