2006 LIMITED LIABILITY COMPANY **FILED ANNUAL REPORT** Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # L03000006754** 1. Entity Name STILES/BLP, LLC Mailing Address Principal Place of Business % STILES CORPORATION/ATTN: PATRICIA JONES % STILES CORPORATION/ATTN: PATRICIA JONES 300 S.E. 2ND STREET 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 01052006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 54-2097281 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, PATRICIA % STILES CORPORATION

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IN	THIS	SPACE	

Applied For

Not Applicable

FT. LAUDERDALE, FL 33301			IN THIS SPACE
	named entity submits this statement for the purpose of chan lons of registered agent.	ging its registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, traced or original name of registered agent and fills if applicable.	(NOTE, Registered Agent signature	equired when reinstating) DATE
Fi	ling Fee is \$50.00		
Di	ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		—— · · · · · · · · · · · · · · · · · ·
NAME	FOUNTAIN SQUARE ASSOCIATES, LTD.		
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11. I hereby of indicated limited liai	pertify that the information supplied with this filing does not on this report is true and accurate and that my signature stolling company or the receiver or trustee empowered to execute	qualify for the exemptions co all have the same legal effe- cute this report as required by	ntained in Chapter 119, Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the y Chapter 608, Florida Statutes.

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