

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

FILED

04 MAY -3 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # L03000010177**

1. Entity Name  
**BLANCO INVESTMENT GROUP, LLC**



Principal Place of Business  
**3389 SHERIDAN ST.  
SUITE: 281  
HOLLYWOOD, FL 33021**

Mailing Address  
**3389 SHERIDAN ST.  
SUITE: 281  
HOLLYWOOD, FL 33021**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

04302004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1069172**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BLANCO, MARK A  
3389 SHERIDAN ST.  
SUITE: 281  
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANCO, MARK A 3389 SHERIDAN ST. #281 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000035834810</b> <b>05/10/04--01117--002 **105.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANCO, JOSE L JR 3389 SHERIDAN ST. #281 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mark A. Blanco** **04-30-04**

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