

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90226 014 \*\*\*\*50.00

DOCUMENT # L03000013558

1. Entity Name  
 BLC, LLC

TAX ID 05-0564146



Principal Place of Business  
 7815 - 113TH AVENUE  
 PLEASANT PRAIRIE, W 53158

Mailing Address  
 7815 - 113TH AVENUE  
 PLEASANT PRAIRIE, W 53158



2. Principal Place of Business  
 2415 BRIXHAM AVE

3. Mailing Address  
 2415 BRIXHAM AVE

Suite, Apt. #, etc.

02032004 Chg-LLC 05-0564146 CR2E083 (10/03)

City & State  
 ORLANDO, FL

City & State  
 ORLANDO, FL

Zip  
 32828

Country  
 USA

4. FEI Number  
 05-0564146

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CUILLA, ROBERT A.  
 2415 BRIXHAM AVENUE  
 ORLANDO, FL 32828

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER RICHARD S. PINTER 7815 113TH AVE PLEASANT PRAIRIE WI 53158	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT A. CUILLA 2415 BRIXHAM AVE ORLANDO, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert A. Cuilla *Robert A. Cuilla* 2-28-04 407-737-7918

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