2005 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

Jan 14, 2005 08:00 AM Secretary of State **DOCUMENT # L03000013558** 1. Entity Name BLC, LLC Principal Place of Business Mailing Address 2415 BRIXHAM AVE 2415 BRIXHAM AVE ORLANDO, FL 32828 ORLANDO, FL 32828 01072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0564146 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent CUILLA, ROBERT A DO NOT WRITE 2415 BRIXHAM AVENUE ORLANDO, FL. 32828 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, typed or , xinted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 100000180499 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CUILLA, ROBERT A NAME STREET ADDRESS 2415 BRIXHAM AVE ORLANDO, FL 32828 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 it made under path; 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.

Kober

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

FILED

1-10-05

Daytime Phone #