FILED
Mar 12, 2004 8:00 am
Secretary of State

02-23-2004 90343 021 ****50.00
01-28-2004 90020 028 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000015668

1. Entity Name
BLAIR I, LLC

Principal Place of Business	Mailing Address
1919 FOURTEENTH STREET C/O KABILI AND COMPANY BOULDER CO 80302	1919 FOURTEENTH STREET C/O KABILI AND COMPANY BOULDER CO 80302

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Same		Same	
Suite, Apt. #, etc. 800		Suite, Apt. #, etc. 800	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0016665 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE 1
TALLAHASSEE FL 32301-1283

7. Name and Address of New Registered Agent
Name Shimon Kabili
Street Address (P.O. Box Number is Not Acceptable) 1400 Oven Park Drive
City Tallahassee FL Zip Code 32308

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 Shimon Kabili [signature] 1/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	General Partner ☐ Delete Shimon Kabili Mgrm 1919 14th St # 800 Boulder Co 80302	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 1/22/04 303-441-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #