2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90025 019 ****50.00

DOCU 1. Entity Nam BLECOR		6464				05-04-2004	1 90025 01	9 ****5	0.00
Principal Place of Business Mailing Address 821 DEERWOOD AVENUE 821 DEERWOOD AVENUE ORLANDO, FL 32825 US ORLANDO, FL 32825 US							2406		
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282004	Chg-LLC	CR2E083	(10/03)	
City & State		City & State			4. FEI Number	21093	76		plied For t Applicable
Zip	Country	Zip	Count	ry	_	of Status Desired	S:	.00 Add e Required	itional
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
RINCON, ILEANA B 821 DEERWOOD AVENUE ORLANDO, FL 32825				Street Address (P.O. Box Number is Not Acceptable)					
!				City			FL	Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or register	red agent, or both	n, in the State of Flo		<u> </u>	
	tions of registered agent.		_	-	-				·
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NCTI	E: Registered	Agent signature required	I when reinstating)		DATE		
D	iling Fee is \$50.00 ue by May 1, 2004						e check pay a Departmen) · · · · · · · · · · · · · · · · · · ·
9.	MANAGING MEMBI		10.			ADDITIONS/		7 Channa	- Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINCON, ILEANA B 821 DEERWOOD AVENUE ORLANDO, FL 32825	☐ Delete						_] Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RINCON, CARLOS E 821 DEERWOOD AVENUE ORLANDO, FL 32825	☐ Delete		· · · · · · · · · · · · · · · · · · ·			Ē	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRSANTIAGO, FELIPE 821 DEERWOOD AVENUE ORLANDO, FL 32825	Delete .				-	- [Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALDERON, MAY 821 DEERWOOD AVENUE ORLANDO, FL 32825	Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[_ Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	£1	☐ Detete		I				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	certify that the information supplied wit on this report is true and accurate and billity company or the receiver or truste	h this filling does not qualify fo	or the exert the same report as	E ET ADDRESS -ST-ZIP mption stated in Se	nade under oath:	that I am a manag	I further certify ging member o	that the ir or manage	nformation of the

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE