

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000017112

1. Entity Name  
BLAIR HOMECRAFTERS OF LEESBURG LLC



Principal Place of Business  
11300 FOURTH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33716

Mailing Address  
11300 FOURTH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33716



02152005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|  |                                   |
|--|-----------------------------------|
| 4. FEI Number<br>42-1591585  | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

FELICE, DAVID M  
11300 FOURTH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33716

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

|                |                                      |
|----------------|--------------------------------------|
| TITLE          | MGRM                                 |
| NAME           | BLAIR HOMECRAFTERS, INC.             |
| STREET ADDRESS | 11300 FOURTH STREET NORTH, SUITE 200 |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33716             |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
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| TITLE          |  |
| NAME           |  |
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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

David M. Felice 2/16/05 727-579-3650

Date

Daytime Phone #