

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000018867**

1. Entity Name  
**BLAJOLEE LEASING COMPANY, L.L.C.**



Principal Place of Business  
**5830 LAKE UNDERHILL ROAD  
ORLANDO, FL 32807**

Mailing Address  
**5830 LAKE UNDERHILL ROAD  
ORLANDO, FL 32807**



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1190099**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEFKOWITZ, IVAN M  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803**

**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, 2007**

U000000604918  
01/30/07-80014-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BIBLIOWICZ, MICHAEL M
STREET ADDRESS	4399 GABRIELLA LANE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	MGR
NAME	HARRINGTON, DALE C
STREET ADDRESS	5138 FAIRWAY OAKS DR.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	MGR
NAME	RABAJA, DAVID R
STREET ADDRESS	9743 CHESTNUT RIDGE DRIVE
CITY-ST-ZIP	WINDERMERE, FL 34786

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

1/22/07 407-658-0228