


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 A
Secretary of State

DOCUMENT # L03000025066 1. Entity Name BLAREN, LLC	
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Principal Place of Business 121 WEST TRADE STREET, SUITE 2800 CHARLOTTE, NC 28202	Mailing Address 121 WEST TRADE STREET, SUITE 2800 CHARLOTTE, NC 28202
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0122889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYAN, BLAIR D 121 W. TRADE STREET, SUITE 2800 CHARLOTTE, NC 28202
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02/28/08-80003-020 138.75

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 #

1-30-08 704-948-2300