

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026741

1. Entity Name
BLB PROPERTIES II, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -7 AM 9:52

Principal Place of Business
6603 SAN JUAN AVE.
JACKSONVILLE, FL 32210

Mailing Address
6603 SAN JUAN AVE.
JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

03212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
32-0088874

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARPE, ISABELLA K
6603 SAN JUAN AVE.
JACKSONVILLE, FL 32210

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SHARPE, ISABELLA K
STREET ADDRESS 6603 SAN JUAN AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE
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08/15/06--01046--022 **50.00

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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:

Isabella K Sharpe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #