

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90126 001 \*\*\*200.00

**DOCUMENT # L03000026741**

**1. Entity Name**  
**BLB PROPERTIES II, LLC**



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

**Mailing Address**  
**6603 SAN JUAN AVE.**  
**JACKSONVILLE, FL 32210**

**30005530**



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03122007 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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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**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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**CITY - ST - ZIP**

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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:**

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

Date

Daytime Phone #