


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90109 001 ***555.00

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
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DO NOT WRITE IN THIS SPACE

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04022008No Chg-LLC CR2E083 (12/07)

4. FEI Number 32-0088880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____

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	MGR SHARPE, ISABELLA K 6603 SAN JUAN AVE. JACKSONVILLE, FL 32210
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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 Date: 4/21/08

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