


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90136 001 \*\*\*200.00

<b>DOCUMENT # L03000026744</b> 1. Entity Name BLB PROPERTIES III, LLC	
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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**



03282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0088874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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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**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, 2005**

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 exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE</b> <i>Isabella K Sharpe Mgr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>	<i>4/23/05</i> <small>Date</small>	<i>904 781868</i> <small>Daytime Phone #</small>
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