2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 24, 2007 8:00 am Secretary of State **DOCUMENT # L03000026744** 04-24-2007 90126 001 ***200.00 **BLB PROPERTIES III. LLC** Principal Place of Business Mailing Address 6603 SAN JUAN AVE. 6603 SAN JUAN AVE. 30002221 JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 03122007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For FEI Number C 0 32-0088874 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHARPE, ISABELLA K DO NOT WRITE 6603 SAN JUAN AVE. JACKSONVILLE, FL 32210 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME SHARPE, ISABELLA K 6603 SAN JUAN AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP IIILE

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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

NAME STREET ADDRESS CITY-ST-ZIP