

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000045951

1. Entity Name  
BLATTLER INVESTMENTS, LLC



Principal Place of Business  
2825 PALAMORE DR.  
TAMPA, FL 33618 US

Mailing Address  
2825 PALAMORE DR.  
TAMPA, FL 33618 US



01082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2416080

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BLATTLER, EDMUND H  
2825 PALAMORE DR.  
TAMPA, FL 33618

**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, of 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  
MGRM  
BLATTLER, EDMUND H  
2825 PALAMORE DR.  
TAMPA, FL 33618

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BLATTLER, EDMUND H  
2825 PALAMORE DR.  
TAMPA, FL 33618

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CITY - ST - ZIP

U000000318979

04/20/05-80079-011 350.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ed Blatler Mgrm  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-17-05 813-960-7098  
Date Daytime Phone #