

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000045951

1. Entity Name
BLATTLER INVESTMENTS, LLC



FILED

07 MAY -9 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
2825 PALAMORE DR.
TAMPA, FL 33618 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE MGRM ☐ Change ☒ Addition
NAME Blatler, Edmund H
STREET ADDRESS 2825 Palamore Dr.
CITY-ST-ZIP Tampa, FL 33618

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

TITLE ☐ Change ☐ Addition
NAME 400103529184
STREET ADDRESS 05/30/07--01032--009 **350.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-21-07

Date

813-960-7078

Daytime Phone #