


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000049300					
1. Entity Name LEE R. BLAU, JR., LLC					
Principal Place of Business 17297 35TH PLACE NORTH LOXAHATCHEE FL 33470			Mailing Address 17297 35TH PLACE NORTH LOXAHATCHEE FL 33470		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2219927	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAU, LEE R JR. 17297 35TH PLACE NORTH LOXAHATCHEE FL 33470			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$50.00			03/11/06-80006-018 55.00		
Make Check Payable to Florida Department of State			Due By May 1, 2006		



1st MOORE CR2E083 (10/05)

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME	MGRM BLAU, LEE R JR.	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS CITY - ST - ZIP	17297 35TH PLACE NORTH LOXAHATCHEE FL 33470			STREET ADDRESS CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lee R. Blau, Jr. 2-26-06 561 790 4967