

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90041 019 ****50.00

DOCUMENT # L03000052575

1. Entity Name

BLANTON LLC



Principal Place of Business

3909 NORTHAMPTON WAY
TAMPA FL 33618

Mailing Address

3909 NORTHAMPTON WAY
TAMPA FL 33618

See new address



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

54-2135584

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

LOCKEY, CAROL M
3909 NORTHAMPTON WAY
TAMPA FL 33618

Name *same*

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

new address - 2708 W. Marlin Ave

tampa

City

FL

Zip Code

33611

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

Carol M. Lockey
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME LOCKEY, RICHARD
STREET ADDRESS 3909 NORTHAMPTON WAY
CITY-ST-ZIP TAMPA FL 33618

TITLE **VP** ☐ Delete
NAME LOCKEY, CAROL
STREET ADDRESS 3909 NORTHAMPTON WAY
CITY-ST-ZIP TAMPA FL 33618

TITLE **ST** ☐ Delete
NAME LOCKEY, KEITH
STREET ADDRESS 3909 NORTHAMPTON WAY
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE *same* ☒ Change ☐ Addition
NAME *same*
STREET ADDRESS *- 2708 W. Marlin Ave*
CITY-ST-ZIP *tampa FL 33611*

TITLE *same* ☒ Change ☐ Addition
NAME *same*
STREET ADDRESS *new - 2708 W. Marlin Ave*
CITY-ST-ZIP *tampa FL 33611*

TITLE *same* ☐ Change ☐ Addition
NAME *same*
STREET ADDRESS *new 2708 W. Marlin Ave*
CITY-ST-ZIP *tampa FL 33611*

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

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE: *Carol M. Lockey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-12-05
Date

Daytime Phone #