

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90200 008 ****55.00

DOCUMENT # L03000053386

1. Entity Name

BLEVINS PROPERTIES "LLC"



Principal Place of Business

6120 MAGNOLIA LN
LAKELAND FL 33810

Mailing Address

P.O. BOX 91812
LAKELAND FL 33804-1812

2. Principal Place of Business

902 Lakehurst ST.

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33805

Country

FL

Zip

33805

Country

FL

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLEVINS, GEORGE A
6120 MAGNOLIA LN
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name Blevins, George A.

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

City Lakeland

FL

Zip Code 33805

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BLEVINS, GEORGE A
STREET ADDRESS 6120 MAGNOLIA LN
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 902 LAKEHURST ST.
CITY-ST-ZIP Lakeland, FL 33805

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

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

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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:

George A. Blevins 2/1/05/853/81676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Distance Phone #