

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056616

FILED  
Apr 09, 2006  
Secretary of State

Entity Name: BLT, LLC

**Current Principal Place of Business:**

1412 ALWYNNE DRIVE  
LEHIGH ACARES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

1412 ALWYNNE DRIVE  
LEHIGH ACARES, FL 33936

**New Mailing Address:**

FEI Number: 27-0088993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, BARBARA  
1412 ALWYNNE DRIVE  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: WILLIAMS, BARBARA  
Address: 1412 ALWYNNE DR  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: P ( ) Delete  
Name: WILLIAMS, THOMAS  
Address: 909 E. BONGAINVILLA RD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: P ( ) Delete  
Name: WILLIAMS, LAWRENCE  
Address: 1228 ARCH DALE ST  
City-St-Zip: LEHIGH ACRES, FL 33936

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA WILLIAMS

P

04/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date