2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State
05-09-2005 90051 049 ****50.00

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1. Entity Name
BSL INVESTMENTS, LLC

Principal Place of Business	Mailing Address
6433 PINECASTLE BLVD. SUITE 12 ORLANDO, FL 32809	6433 PINECASTLE BLVD. SUITE 12 ORLANDO, FL 32809

30008484

01052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number (X) ☐ 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
JOHNSON, WADE F JR. 2901 CURRY FORD JR. SUITE 212 ORLANDO, FL 32806	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 WADE F. JOHNSON JR DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

(X) **Filing Fee is $50.00 Due by May 1, 2005**

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ERIC INMAN PRES	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ERIC INMAN - PRES. 14801 SETH RD ORLANDO FL 32824	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL A SKINNER JR V PRES.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES. PAUL A SKINNER JR 13043 SUNSHINE CIR CLERMONT FL 34711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL A SKINNER III V. PRES / TRESURY.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL A SKINNER III TREAS. 909 JOANS COVE LN OAKLAND FL 34787	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Paul A Skinner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #