

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

01-18-2005 90180 016 ****50.00

DOCUMENT # L04000028154			
1. Entity Name BLD INVESTMENTS, LLC			
Principal Place of Business 843 FAIRLONG TERRACE ACWORTH, GA 30101		Mailing Address 843 FAIRLONG TERRACE ACWORTH, GA 30101	
2. Principal Place of Business 3158 CLUB DR. Suite, Apt. #, etc.		3. Mailing Address 3158 CLUB DR. Suite, Apt. #, etc.	
City & State DESTIN, FL.		City & State DESTIN, FL.	
Zip 32550		Country USA	
4. FEI Number 20-2328782		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALDRIDGE, CAROLYN 36468 EMERALD COAST PARKWAY, SUITE 7103 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name CAROLYN GRAVES Street Address (P.O. Box Number is Not Acceptable) 3158 CLUB DR. City DESTIN FL Zip Code 32550	
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 DATE 1-13-05 (NOTE: Registered Agent signature required when reappointing)			
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 MGRM NAME ALDRIDGE, CAROLYN STREET ADDRESS 843 FAIRLONG TERRACE CITY-ST-ZIP ACWORTH, GA 30101	☐ Delete	☒ Change ☐ Addition TITLE CAROLYN GRAVES NAME 3158 CLUB DR. STREET ADDRESS DESTIN, FL. 32550 CITY-ST-ZIP	
TITLE MGR NAME GRAVES, BRENT STREET ADDRESS 1212 WOODCREST CIRCLE CITY-ST-ZIP BLOOMFIELD HILLS, MI 483044830	☐ Delete	☒ Change ☐ Addition TITLE 216 S. MADISON AVE #201 NAME PASADENA, CA. 91101 STREET ADDRESS CITY-ST-ZIP	
TITLE MGR NAME GRAVES, DAVID STREET ADDRESS 843 FAIRLONG TERRACE CITY-ST-ZIP ACWORTH, GA 30101	☐ Delete	☒ Change ☐ Addition TITLE 3158 CLUB DR. NAME DESTIN, FL. 32550 STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE 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 DATE 1-13-05 SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			