

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000030761 1. Entity Name BLISSWOOD, LLC						FILED 05 MAY 10 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 40205 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109				Mailing Address 40205 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109			
2. Principal Place of Business		3. Mailing Address					
Suite Apt # etc		Suite Apt # etc					
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				4. FEI Number 20-1346337		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., STE. 1500 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Add: Suite 1500 (KDC) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
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 <i>manager</i> <i>Barry Brant</i> <i>200 S. Biscayne Blvd. 6th floor</i> <i>Miami Florida 33131</i>				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
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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: <i>Barry Brant</i> Barry Brant 4-28-05 305-379-7000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #							