2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jul 31, 2006 8:00 am Secretary of State **DOCUMENT # L04000044293** 1. Entity Name 07-31-2006 90144 015 ****50 00 BLG, LLC Principal Place of Business Mailing Address - - - -901 WEST CYPRESS LANE 901 WEST CYPRESS LANE #206 #206 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAINES, BRENDA L Street Address (P.O. Box Number is Not Acceptable) 901 WEST CYPRESS LANE #206 POMPANO BEACH, FL 33069 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME GAINES, BRENDA L NAME 901 WEST CYPRESS LN, #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby centry that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ecceiver or true empowered to execute this report as required by Chapter 608, Florida Statutes.

HINS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED