


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90051 044 \*\*\*\*50.00

<b>DOCUMENT # L04000046429</b> 1. Entity Name <b>B&amp;L PROPERTIES OF CLERMONT, LLC</b>	
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Principal Place of Business <b>2625 N NARCOOSEEE RD ST. CLOUD, FL 34771 US</b>	Mailing Address <b>2625 N NARCOOSEEE RD ST. CLOUD, FL 34771 US</b>
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2. Principal Place of Business <b>2881 N. John Young Pkwy</b>	3. Mailing Address <b>2881 N. John Young Pkwy</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Kissimmee FL</b>	City & State <b>Kissimmee FL</b>
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Zip <b>34741</b>	Country <b>US</b>	Zip <b>34741</b>	Country <b>US</b>
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04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1272422</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MCCLELLAND, ROBERT B 2625 N NARCOOSEEE RD ST. CLOUD, FL 34771</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <b>Robert B. McClelland</b>	DATE <b>4-26-06</b>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCCLELLAND, ROBERT B TRUSTEE 2625 N NARCOOSEEE RD ST. CLOUD, FL 34771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
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SIGNATURE: <b>Robert B. McClelland</b>	DATE: <b>4-26-06</b>	DAYTIME PHONE: <b>407-847-6886</b>
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