

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90039 008 \*\*\*\*50.00

**DOCUMENT # L04000071863**

1. Entity Name  
BLYY, LLC



Principal Place of Business  
2631 NW 41ST STREET  
SUITE E-2  
GAINESVILLE, FL 32606 US

Mailing Address  
2631 NW 41ST STREET  
SUITE E-2  
GAINESVILLE, FL 32606 US

40013893



2. Principal Place of Business  
4639 NW 53RD AVE  
Suite, Apt. #, etc.

3. Mailing Address  
4639 NW 53RD AVE  
Suite, Apt. #, etc.

03022006 Chg-LLC CR2E083 (11/05)

City & State  
GAINESVILLE, FL  
Zip 32606 Country

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GAINESVILLE, FL  
Zip 32606 Country

4. FEI Number  
20-2300255  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BURNS, JOSEPH T  
2631 NW 41ST STREET  
SUITE E-2  
GAINESVILLE, FL 32606

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME BURNS, JOSEPH T  
STREET ADDRESS 2631 NW 41 ST STREET, SUITE E-2  
CITY-ST-ZIP GAINESVILLE, FL 32606

## 10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4639 NW 53RD AVE  
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

3-3-06 352 338 2073  
X103