2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Roland Blake, Mgr.
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED May 26, 2005 8:00 am Secretary of State

5-12-05

Daytime Phone #

DOCUMENT # L04000077561 1. Entity Name ROLAND BLAKE, L.C.							05-26-2005 90314 049 ****50.00				
Principal Place	e of Busines	s	Mailing Address					9	በብሮብ	420	
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2. Principal Pt	lace of Busin	ness ·	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				t inalisti dii		EB411 18E11 1E8	es erris arres ri	***********
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04122005	Chg-LLC	CR2E0	33 (10/03)	
City & State			City & State				4. FEI Numbe	798834			oplied For
Zip	Country		Zip	try	-		of Status Desired		\$5.00 Ad	ditional	
	6. Name	and Address of Current	Registered Agent					Address of New Re		ee Require	od .
		and Address of Carrent	Togistoro Agent		Name	Cont					
O'CONNOR, PATRICK M ESQ. C/O O'CONNOR & ASSOCIATES			Street Addres			ddress (F	nnor, Patrick M., Esq.				
2240 BELLEAIR ROAD, SUITE 160			0 Co				nnor & Associates				
CLEARWA	TER, FL	33764				50 S	. Belc	her Road	, Sui	te 16	
		•			City La	rqo			FL	Zip Coo	le 7 7 1
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	ed office or	register	ed agent, or bot	h, in the State of Flor	ida. I am f	andliar with.	and accept
the obligati	ions of regist							4//	17/	05-	
SIGNATURE _	Signature, typed	or primed name of registered agent a	trick M. O'Connor und title if applicable. (NOTE	: Registered	d Agent signate	ure required	when reinstating)	/ / 	DAVE		
Filing Fee is \$50.00 Due by May 1, 2005											
									check pa Departme	yable to ent of Stat	te
			RS/MANAGERS	10.					Departme	ent of Stat	
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