

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90048 030 ****55.00

DOCUMENT # L04000080712

1. Entity Name
BLS ORANGE PARK, LLC



Principal Place of Business
**4425 PONCE DE LEON BLVD.
4TH FLOOR
CORAL GABLES, FL 3146**

Mailing Address
**4425 PONCE DE LEON BLVD.
4TH FLOOR
CORAL GABLES, FL 3146**

20016366



2. Principal Place of Business
4425 Ponce de Leon Blvd
Suite, Apt. #, etc.
4th Floor

3. Mailing Address
4425 Ponce de Leon Blvd
Suite, Apt. #, etc.
4th Floor

01052005 Chg-LLC CR2E083 (10/03)

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

4. FEI Number
30-0282610

Applied For
☐ Not Applicable

Zip
33146

Country

Zip
33146

Country

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

6. Name and Address of Current Registered Agent

**BOMSTEIN, BRIAN E
4425 PONCE DE LEON BLVD.
4TH FLOOR
CORAL GABLES, FL 3146**

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

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**MGR-SVP
Quint, David
4425 Ponce de Leon Blvd., 4th FL
Coral Gables, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**P
Ertel, David
4425 Ponce de Leon Blvd., 4th FL
Coral Gables, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**SVP-S
Bomstein, Brian E
4425 Ponce de Leon Blvd., 4th FL
Coral Gables FL 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**SVP-T
Wegner, Robert A
4425 Ponce de Leon Blvd., 4th FL
Coral Gables, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**SVP
Oppenheim Robert
4425 Ponce de Leon Blvd., 4th FL
Coral Gables FL 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**SVP-AT
Fischer, John H
4425 Ponce de Leon Blvd., 4th FL
Coral Gables, FL 33146**

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:

(Signature)

(David Quint) Feb. 25, 2005

305-854-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(CONT)

ATTACHMENT

20016366

10. **BLS ORANGE PARK, LLC**
DOCUMENT NO. L04000080712

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOMINAC, EVE		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARVIN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	VP-AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARR, THOMAS		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SNYDER, JOANNE		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LaPOINTE, PETER		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		