

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90018 029 ****50.00

DOCUMENT # L05000004361



1. Entity Name
NEW BLN HOLDINGS, LLC

Principal Place of Business
300 SOUTH ORANGE AVENUE SUITE 1000 (RJ)
ORLANDO, FL 32801-5403

Mailing Address
300 SOUTH ORANGE AVENUE SUITE 1000 (RJ)
ORLANDO, FL 32801-5403

2. Principal Place of Business
595 S. Federal Highway

3. Mailing Address
595 S. Federal Highway

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

01182006 Chg-LLC CR2E083 (11/05)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
33-1109556

Applied For
Not Applicable

Zip
33433

Country
USA

Zip
33433

Country
USA

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVENUE SUITE 1000 (RJ)
ORLANDO, FL 32801-5403

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, 2006

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
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Dennis G. Bedley
595 S. Federal Hwy., Suite 600
Boca Raton, FL 33433

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Leo Berman
595 S. Federal Hwy., Suite 600
Boca Raton, FL 33433

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:

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

Rod Jones, Auth. Rep.

Date

Daytime Phone #

02-09-06 (407) 423-3200