


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90027 003 ****55.00

DOCUMENT # L05000021758	
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1. Entity Name
MULTISTATE SERVICES LLC

Principal Place of Business
**11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716**

Mailing Address
**11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-2873187

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FANELLI, JULIE V
11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent

Name **Blair Communities, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

11300 4th St. N., Suite 200

City

St. Petersburg

FL

Zip Code

33716

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)
Signature of registered agent or printed name of registered agent and title if applicable.

David M. Felice

04/18/07

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee: \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BLAIR COMMUNITIES, INC.	
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200	
CITY - ST - ZIP	ST. PETERSBURG, FL 33716	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David M. Felice

04/18/07 727-577-9197

Date

Daytime Phone #