
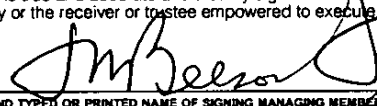


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90030 048 \*\*\*\*50.00

DOCUMENT # L05000036477					
1. Entity Name <b>BLAKEB2, LLC</b>					
Principal Place of Business 1937 EAST ATLANTIC BLVD. SUITE 9 POMPANO BEACH, FL 33060			Mailing Address 1937 EAST ATLANTIC BLVD. SUITE 9 POMPANO BEACH, FL 33060		
2. Principal Place of Business		3. Mailing Address <b>2101 N. ANDREWS AVE.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>107</b>			
City & State		City & State <b>WILTON MANORS, FL</b>			
Zip	Country	Zip <b>33311</b>	Country <b>BROWARD</b>		
6. Name and Address of Current Registered Agent  <b>BEESON, JAMES B</b> <b>1937 EAST ATLANTIC BLVD. SUITE 9</b> <b>POMPANO BEACH, FL 33060</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER <b>BEESON, JAMES M. JR.</b> <b>2101 NORTH ANDREWS AVE., SUITE 107</b> <b>WILTON MANORS, FL 33311</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input checked="" type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			<b>4/6/2006</b> <b>954-563-8953</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		