

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90195 043 ****50.00

DOCUMENT # L05000045041

1. Entity Name

BLOUNT LAND DEVELOPERS, LLC



Principal Place of Business

**340 W. OAK TERRACE DRIVE, UNIT 152
LEESBURG FL 34748**

Mailing Address

**340 W. OAK TERRACE DRIVE, UNIT 152
LEESBURG FL 34748**



2. Principal Place of Business

1029 W. Magnolia St.
Suite, Apt. #, etc.

3. Mailing Address

1029 W. Magnolia St.
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

20-2796983

Applied For

Not Applicable

Zip

34748

Country

USA

Zip

34748

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLOUNT, RICHARD
340 W. OAK TERRACE DRIVE, UNIT 152
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name

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

1029 W. Magnolia St.
City **Leesburg** **FL** Zip Code **34748**

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

Richard W. Blount

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BLOUNT, RICHARD**
STREET ADDRESS **340 W. OAK TERRACE DRIVE, UNIT 152**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

Richard W. Blount
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/06 (352)516-8468
Date Daytime Phone #