

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089007

Entity Name: BLPLRP, LLC

FILED
Jul 03, 2009
Secretary of State

Current Principal Place of Business:

1528 S.E. 12TH COURT
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

15018 SPINNAKER COVE LANE
WINTER GARDEN, FL 34787

Current Mailing Address:

1528 S.E. 12TH COURT
DEERFIELD BEACH, FL 33441

New Mailing Address:

15018 SPINNAKER COVE LANE
WINTER GARDEN, FL 34787

FEI Number: 20-8453153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATTERSON, GEORGE A
1528 S.E. 12TH COURT
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

PATTERSON, BRIAN L
15018 SPINNAKER COVE LANE
WINTER GARDEN, FL 34787 US

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.

SIGNATURE: BRIAN L. PATTERSON

07/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATTERSON, BRIAN L
Address: 15018 SPINNEER COVE LANE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATTERSON, BRIAN L
Address: 15018 SPINNAKER COVE LANE
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN L. PATTERSON

MGRM

07/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date