## **"2008 LIMITED LIABILITY COMPANY**

## May 15, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L05000097879** 05-15-2008 90074 043 \*\*\*138 75 BLV INVESTMENTS, LLC Principal Place of Business Mailing Address 60041308 27 N. SUMMERLIN AVENUE 27 N. SUMMERLIN AVENUE ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3616575 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUTHRA, VIJAY K 27 N. SUMMERLIN AVENUE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138,75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State .MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. LUTHRA VIJAY + LUTHAA RITA 27 N. SUMMERIIN AVE. ORLANDO, FL 32801 MGR ☐ Delete TITLE TITLE ☐ Addition LUTHRA, VIJAY K NAME STREET ADDRESS 27 N. SUMMERLIN AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Change ■ Addition BANDARI ARADHANA NAME NAME STREET ADDRESS 27 NORTH SUMMERLIN AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP MGR TITLE Delete ☐ Change ☐ Addition VERMA, NEELAM NAME NAME STREET ADDRESS 27 NORTH SUMMERLIN AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change ☐ Addition LUTHRA, VENU NAME NAME STREET ADDRESS 27 NORTH SUMMERLIN AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 simpowered to execute this report as required by Chapter 608, Florida Statutes.

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-18-08

SIGNATURE: \_\_\_\_\_

FILED