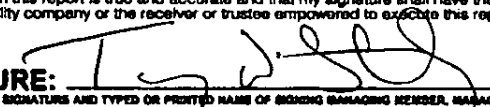


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

04-23-2007 90373 029 ****50.00

30007917

DOCUMENT # L06000097841			
1. Entity Name BL GP, LLC			
Principal Place of Business C/O STILES CORPORATION 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301		Mailing Address C/O STILES CORPORATION 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301	
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
4. FEI Number 65-1247754		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STILES CORPORATION 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Atlantic Properties Venture, Ltd. 300 SE 2nd Street Fort Lauderdale, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.			
SIGNATURE: 		Terry W. Stiles 4/10/07 954-627-9300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



ATTACHMENT
30007917

**NATIONAL DEVELOPER
OF THE YEAR**



300 S.E. 2nd Street
Ft. Lauderdale, Florida 33301
954.627.9350
954.627.9393 Fax
stiles.com
stiles@stiles.com

May 10, 2007

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

DIVISION OF CORPORATIONS
Annual Reports Section
P. O. Box 6478
Tallahassee, Florida 32314

RE: L06000097841 – BL GP, LLC

To Whom It May Concern:

I am returning the above-referenced Annual Report that has been corrected to show the FEI Number of BL GP, LLC. Since this is a single member LLC, the FEIN is the number for its sole member. I am also enclosing a copy of your department's transmittal letter requesting this correction.

If you have any questions or need anything else in this at this time, please feel free to contact me at (954) 776-9156.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'Judy Sherman'.

Judy Sherman
Closing Coordinator

Enclosures