

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102710

Entity Name: BLAWG, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

109 N. BRUSH STREET
350
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

109 N. BRUSH STREET
350
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 20-5703869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DARREN A
109 N. BRUSH ST.
350
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRATSCH, WILLIAM J
Address: 109 N. BRUSH STREET SUITE 350
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM () Delete
Name: CARROLL, NICHOLAS J
Address: 109 N. BRUSH STREET SUITE 350
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM () Delete
Name: WILSON, DARREN A
Address: 109 N. BRUSH STREET SUITE350
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DARREN A. WILSON

MGRM

04/23/2007

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