

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031883

Entity Name: BSL RESIDENTIAL, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

8437 TUTTLE AVE SUITE 124
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

8437 TUTTLE AVE SUITE 124
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 20-8704222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORN, TYLER B ESQ
5150 TAMIAMI TRAIL N
SUITE 302
NAPLES, FL 34103 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: CANDLER, ASA W III
Address: 4099 TAMIAMI TRAIL N, SUITE 305
City-St-Zip: NAPLES, FL 34103

Title: MGR () Delete
Name: OSTERMANN, STEPHEN J
Address: 8437 TUTTLE AVE SUITE 124
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: JASSY, JOHN
Address: 1313 TURNER PLACE
City-St-Zip: NAPLES, FL 34110

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 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: STEPHEN J. OSTERMANN

MGR

04/23/2008

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