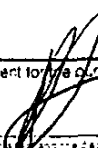
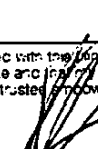


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-07-2008 90016 042 ***138.75

DOCUMENT # L07000072935			
1. Entity Name BLB GROUP, LLC			
Principal Place of Business 2730 S.W. 3RD AVENUE, SUITE 600 MIAMI, FL 33145		Mailing Address 2730 S.W. 3RD AVENUE, SUITE 600 MIAMI, FL 33145	
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
6. Name and Address of Current Registered Agent BORROTO, WILFREDO 2730 S.W. 3RD AVENUE, SUITE 600 MIAMI, FL 33145		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 use of record 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: <u>4/16/08</u>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORROTO, WILFREDO 2730 S.W. 3RD AVENUE, SUITE 600 MIAMI, FL 33145 ☐ 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 report 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: 		DATE: <u>4/16/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

30003411



01142008 Chg-LLC CR2E083 (12/06)

4. FCI Number
20-2190720

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required