2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 05, 2005 08:00 AM

DOCUMENT # L98000 1. Entity Name BLIS INVESTMENT ASSOCIAT			Secretary of State	
			4	
Principal Place of Business	Mailing Address	IDT		
4800 NORTH 31ST COURT HOLEYWOOD FL 33021	4800 NORTH 31ST COU HOLLYWOOD FL 3302			
* **		*	ו השונים ווווים ושפון שומו חומש ווווים ווווים אומים וווים ווווים וווים וווים וווים ווווים ווווים ווווים ווווים	
2. Principal Place of Business	3. Mailing Address	<u> </u>		
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Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)	
City & State	City & State	,	4. FEI Number 65-0946368 Applied For Not Applied	_
Zip Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
6, Name and Address of	Current Registered Agent		7. Name and Address of New Registered Agent	_
OH DEDNAME STEDLIAMI	-	Name		
GILDERMAN, STEPHANI 4800 NORTH 31ST COU	E RT	Street Address ((P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021				
	- ; 	City	FL Zip Code	
8. The above named entity submits this sta	tement for the ourpose of changing its r	egistered office or register	red agent, or both, in the State of Florida. I am familiar with, and acce	ept
the obligations of registered agent.				•
SIGNATURE Signature, typed or printed name of regin	. 1818-1		d when retristation 1 DATE	
Signature, typed or prighted have of regin		Registered Agent signature required	d Whish retristating)	
		W!!! FEE IS \$50.00	int of Photo	
		to Florida Departme By May 1, 2005	int of State	
9MANAGINO	MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES	
ITLE MGR	☐ Delete	Trite	Change Addil	ilion
NAME GILDERMAN, STEPHANIE		NAME	U00000252553	
STREET ADDRESS 4800 NORTH 31ST COUR	Ţ	STREET ADDRESS (03/05/05-80033-004 150.00	
CITY-SI-ZIP HOLLYWOOD FL 33021			☐ Change ☐ Addil	lition
NAME NAME	☐ Delete	TITLE NAME	[_] Change [_] Addit	IIICII
STREET ADDRESS		STREET ADDRESS		
CIYY - SI - ZIP		CITY-ST-ZIP		
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NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addit	ilion
NAME	r Delete	NAME	C. Charles C. Aman	10.011
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	CITY-ST-ZIP		
TITLE NAMES	☐ Delete	TITLE	Change Addit	ition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
indicated on this report is true and accu	plied with this filing does not quality for t urate and that my signature shall have th or trustee empowered to execute this re	ne same legal effect as if n	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the oter 608, Florida Statutes.	ก

Date

Daytime Phone #