FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90048 008 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000910

20025542

1. Entity Name
BLOUNT WAREHOUSE, L.C.

Principal Place of Business
~~C/O IRVING SHIMOFF, ESQ.~~
~~9728 W. SAMPLE ROAD~~
~~CORAL SPRINGS, FL 33065~~

Mailing Address
~~C/O IRVING SHIMOFF, ESQ.~~
~~100 SOUTHEAST 2ND STREET, SUITE 2920,~~
~~MIAMI, FL 33131-2148~~

2. Principal Place of Business	3. Mailing Address
PMB 289	PMB 289
Suite, Apt. #, etc. 1440 Coral Ridge Dr.	Suite, Apt. #, etc. 1440 Coral Ridge Dr.
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071 Country USA	Zip 33071 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0899853 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~SHIMOFF, IRVING ESQ.~~
~~100 SOUTHEAST 2ND STREET, SUITE 2920~~
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent
Name Barry Diamond, Esq.
Street Address (P.O. Box Number is Not Acceptable) 9728 West Sample Road
City Coral Springs FL Zip Code 33065

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 [signature] 2/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE IS $150.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EISENBERG, JAY 9728 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 2/3/03 954-942-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #