2006 LIMITED LIABILITY COMPANY

FILED Apr 26, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L99000002675** 1. Entity Name BLS, L.C. Principal Place of Business Mailing Address 10293 SHADY OAK LN 10293 SHADY OAK LN LARGO, FL 33777 LARGO, FL 33777 04242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3575887 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL MOORE & O'CONOR, P.A. DO NOT WRITE 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent algorithms required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE SHRVOCK, CHRIS NAME STREET ADDRESS 10293 SHADY OAK LANE LARGO, FL 33777 CITY-ST-ZIP U00000534371 05/08/06-80009-019 50.00 TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby cartify that the information supplied with this filing 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

CHRIS Shryock