

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90079 011 ***138.75

DOCUMENT # M04000002691

1. Entity Name
BLP PROPERTIES, LLC



Principal Place of Business

6416 PLAKE RD
MACON, GA 31220

Mailing Address

505 SANGABLES COURT
MACON, GA 31220

60009016

2. Principal Place of Business - No P.O. Box #

6416 Plake Rd.

3. Mailing Address

P.O. Box 27658

Suite, Apt. #, etc.

Suite 17

Suite, Apt. #, etc.

02062008 Chg-LLC CR2E083 (12/06)

City & State

Macon, GA

City & State

Macon, GA

4. FEI Number

20-0337949

Applied For

Not Applicable

Zip

31210

Country

USA

Zip

31221

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE MGR ☐ Delete
NAME WYRICK, WILLIAM
STREET ADDRESS 505 SANGABLES COURT
CITY-ST-ZIP MACON, GA 31220

TITLE MGR ☐ Delete
NAME BRYANT, WILLIAM
STREET ADDRESS 325 FIVE ACRE ROAD
CITY-ST-ZIP APHARETTA, GA 30004

TITLE MGR ☐ Delete
NAME COOPER, DERICK E
STREET ADDRESS 4731 HIGHWAY A1A, NORTH, SUITE 214
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

2/7/08