

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000005694

Entity Name
 BLOW BIRD, LLC



Principal Place of Business
 TROPICAL CIRCLE
 SARASOTA, FL 34242

Mailing Address
 845 TROPICAL CIRCLE
 SARASOTA, FL 34242



01062006 No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 01-0626869 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

LASCELLE, PHILIP M
 TROPICAL CIRCLE
 SARASOTA, FL 34242

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I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2008**

MANAGING MEMBERS/MANAGERS

| NAME | ADDRESS | CITY | STATE | ZIP |
|---------------------------|------------------|--------------|-------|-----|
| MGR LASCELLE, PHILIP M | 845 TROPICAL CIR | SARASOTA, FL | | |
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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: *Philip M. Lascelle* **DATE:** 1/13/06