

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006137

FILED
Apr 18, 2005
Secretary of State

Entity Name: BLANTON HOMESTEAD LLC

Current Principal Place of Business:

5025 241ST ST E
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

5025 241ST ST E
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 65-1142686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, LISA
1827 76TH STREET WEST
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BLANTON, LISA
Address: 5025 241ST ST E
City-St-Zip: MYAKKA CITY, FL

Title: MGR () Delete
Name: BLANTON, HELENE
Address: 419 ARCHAIC DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR () Delete
Name: BLANTON, STEVE
Address: 6702 LUNN RD
City-St-Zip: LAKE LAND, FL 34811

Title: MGR () Delete
Name: BLANTON, JAMES
Address: 272-6 PUALE ST.
City-St-Zip: LAHAINA, HI 96761

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LISA BLANTON

MGR

04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date