

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006137

FILED
Apr 29, 2008
Secretary of State

Entity Name: BLANTON HOMESTEAD LLC

Current Principal Place of Business:

3105 405TH CT E
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

3105 405TH CT 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, LISE
3105 405TH CT E
MYAKKA CITY, FL 34251 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/MANAGERS:

Title: MGR () Delete
Name: BLANTON, LISE
Address: 3105 405TH CT 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: 3020 CREWS LAKE ROAD
City-St-Zip: LAKE LAND, FL 33813

Title: MGR () Delete
Name: BLANTON, JAMES
Address: 55 POINCIANA ROAD
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 exemption stated in Chapter 119, 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: LISE BLANTON

MGR

04/29/2008

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