


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018373 1. Entity Name BLOOD-ROOTS, LLC	
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Principal Place of Business 6800 NW 193RD STREET ANTHONY, FL 32617	Mailing Address P.O. BOX 789 ORANGE LAKE, FL 32681
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03172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3756218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC. 6800 NW 193RD STREET ORANGE LAKE, FL 32681
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DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC. 6800 NW 193RD STREET ORANGE LAKE, FL 32681
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<p>1000000283977 04/01/05-80049-023 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **ROBERT A. Cromartie** **3/30/05** **352-591-5888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #