

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018373

Entity Name: BLOOD-ROOTS, LLC

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

6800 NW 193RD STREET  
ANTHONY, FL 32617

**New Principal Place of Business:**

7400 NW 193RD STREET  
ORANGE LAKE, FL 32681

**Current Mailing Address:**

P.O. BOX 789  
ORANGE LAKE, FL 32681

**New Mailing Address:**

FEI Number: 59-3756218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC.  
6800 NW 193RD STREET  
ORANGE LAKE, FL 32681 US

**Name and Address of New Registered Agent:**

BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC.  
7400 NW 193RD STREET  
ORANGE LAKE, FL 32681 US

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:

04/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BRIGGS & CROMARTIE B, LOODSTOCK AGEN C Y, INC.  
Address: 6800 NW 193RD STREET  
City-St-Zip: ORANGE LAKE, FL 32681

**ADDITIONS/CHANGES:**

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 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: BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC. MGR

04/18/2006

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