

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040829

Entity Name: BLAIR GROUP HOME, LLC

FILED  
Jul 10, 2006  
Secretary of State

## Current Principal Place of Business:

3343 SHALIMAR CIR.  
DELTONA, FL 32738

## New Principal Place of Business:

211 N. SPARKMAN AVE  
ORANGE CITY, FL 32763

## Current Mailing Address:

3343 SHALIMAR CIR.  
DELTONA, FL 327381061

## New Mailing Address:

211 N. SPARKMAN AVE  
ORANGE CITY, FL 32763

FEI Number: 57-1194085      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BLAIR, PATRICIA  
3343 SHALIMAR CIR.  
DELTONA, FL 327381061 US

## Name and Address of New Registered Agent:

BLAIR, PATRICIA  
211 N. SPARKMAN AVE  
ORANGE CITY, FL 32763 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:

07/10/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BLAIR, PATRICIA  
Address: 3343 SHALIMAR CIR.  
City-St-Zip: DELTONA, FL 327381061

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BLAIR, PATRICIA  
Address: 211 N. SPARKMAN AVE  
City-St-Zip: ORANGE CITY, FL 32763

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: PATRICIA BLIAR

OWNE

07/10/2006

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