2008 MMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000056564

1. Entity Name

BLANCO INVESTMENTS LLC



FILED Jan 14, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

15261 BRIAR RIDGE CIRCLE FT. MYERS. FL 33912 US P.O. BOX 60219

FT. MYERS, FL 33906 US



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCO, KERRI 15261 BRIAR RIDGE CIRCLE FT. MYERS, FL 33912

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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 Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered	(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9. TITLE	MANAGING MEMBERS/MANAGERS MGRM			
NAME	BLANCO, EDGAR			
STREET ADDRESS	P.O. BOX 60219			
CITY-ST-ZIP	FT. MYERS, FL 33906			
TITLE	MGRM			Licocoomoomoo
NAME	BLANCO, KERRI			U00000782732
STREET ADDRESS	P.O. BOX 60219			01/15/08-80085-007 288.75
CITY-ST-ZIP	FT. MYERS, FL 33906			
TITLE				
NAME STREET ADDRESS				
CITY-ST-ZIP	·		l DO	NOT WRITE
TITLE	**************************************		18.1	THE CRACE
NAME			IN	THIS SPACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DM X

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

EIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/8/08

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