2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000060004

1. Entity Name
BLIND PIG INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
5109 19TH STREET EAST ELLENTON, FL 34222 US	5109 19TH STREET EAST ELLENTON, FL 34222 US

DO NOT WRITE IN THIS SPACE

02222008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1505246	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REINICKE, STEPHANIE A
1800 SECOND STREET
SUITE 803
SARASOTA, FL 34236

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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 Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SPONSELLER, CLAYTON
STREET ADDRESS	5109 19TH STREET EAST
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	MGRM
NAME	SPONSELLER, MARY
STREET ADDRESS	5109 19TH STREET EAST
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000917178
05/13/08-80030-009 138.75

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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: _/CLAYTON SPONSELLER/ 4-20-08_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #