

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086400

FILED
Jul 11, 2008
Secretary of State

Entity Name: BLACKMON ROBERTS HOLDINGS, LLC

Current Principal Place of Business:

1620 LAKE MIRIAM DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

902 SOUTH FLORIDA AVENUE,
SUITE 205
LAKELAND, FL 33803

Current Mailing Address:

1620 LAKE MIRIAM DRIVE
LAKELAND, FL 33813

New Mailing Address:

902 SOUTH FLORIDA AVENUE,
SUITE 205
LAKELAND, FL 33803

FEI Number: 20-1953855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKMON-ROBERTS, SYLVIA
1620 LAKE MIRIAM DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLACKMON-ROBERTS, SYLVIA
Address: 902 SOUTH FLORIDA AVENUE, SUITE 205
City-St-Zip: LAKELAND, FL 33813

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLACKMON-ROBERTS, SYLVIA
Address: 1620 LAKE MIRIAM DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Change (X) Addition
Name: ROBERTS, ERIC A
Address: 1620 LAKE MIRIAM DRIVE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify 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: SYLVIA BLACKMON-ROBERTS

MGRM

07/11/2008

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