


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90118 001 *1,387.50

DOCUMENT # L04000089506						
1. Entity Name BLINKHORN 817, LLC						
Principal Place of Business 5135 87TH ST WABASSO, FL 32970			Mailing Address P.O. BOX 700277 WABASSO, FL 32970-0277			
2. Principal Place of Business - No P.O. Box # 2770 Indian River Blvd.		3. Mailing Address 2770 Indian River Blvd.				
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201				
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 59-3797617		
Zip 32960-4230		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LIGHTSEY, ALTON L C/O LIGHTSEY & ASSOCIATES, P.A. 2105 PARK AVENUE NORTH WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASS, JEFF E 5135 87TH ST WABASSO, FL 32970		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2770 Indian River Blvd., Suite 201 Vero Beach, FL 32960-4230	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____				Date: 2/14/08 Daytime Phone #: 772-562-3886		