

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90041 005 ****50.00

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| DOCUMENT # L05000022309 | | | | | |
| 1. Entity Name HAZYBLUR, LLC | | | | | |
| Principal Place of Business 825 S PONCE DE LEON BLVD ST AUGUSTINE, FL 32084 US <i>New address</i> | | | Mailing Address 825 S PONCE DE LEON BLVD ST AUGUSTINE, FL 32084 US | | |
| 2. Principal Place of Business - No P.O. Box # 1092 South Ponce De Leon Blvd | | 3. Mailing Address 1092 S. Ponce De Leon Blvd | | | |
| Suite, Apt. #, etc. Ste. D | | Suite, Apt. #, etc. Ste. D | | | |
| City & State St. Augustine FL | | City & State St. Augustine FL | | | |
| Zip 32084 | | Country USA | | Zip 32084 | |
| Country USA | | Country USA | | | |
| 6. Name and Address of Current Registered Agent PEASE, JOYCE H 713 CAPTAINS DR ST AUGUSTINE, FL 32080 | | | 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: DATE: | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PEASE, JOYCE H 713 CAPTAINS DR ST AUGUSTINE, FL 32080 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BURNETT, DAVID J 27 MAGNOLIA DUNES ST AUGUSTINE, FL 32080 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BURNETT, KATHY J 27 MAGNOLIA DUNES ST AUGUSTINE, FL 32080 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BURNETT, KATHY J 27 MAGNOLIA DUNES ST AUGUSTINE, FL 32080 | | <input type="checkbox"/> Delete | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BURNETT, KATHY J 27 MAGNOLIA DUNES ST AUGUSTINE, FL 32080 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BURNETT, KATHY J 27 MAGNOLIA DUNES ST AUGUSTINE, FL 32080 | | <input type="checkbox"/> Delete | | |
| 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: 4/25/07 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |