2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2008
Secretary of State

DOCUMENT# L05000049187

Entity Name: BLESSING FAMILY RETREAT, LLC

Current Principal Place of Business:

3227 SE MARICAMP ROAD
OCALA, FL 34471

New Principal Place of Business:

3227 SE MARICAMP ROAD
SUITE #102
OCALA, FL 34471

Current Mailing Address:

3227 SE MARICAMP ROAD
OCALA, FL 34471

New Mailing Address:

3227 SE MARICAMP ROAD
SUITE #102
OCALA, FL 34471

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLESSING, BART A
3227 SE MARICAMP ROAD
OCALA, FL 34471 US

Name and Address of New Registered Agent:

BLESSING, BART A
3227 SE MARICAMP ROAD
SUITE #102
OCALA, FL 34471 US

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: BART A BLESSING 06/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BLESSING, BART A
Address: 3227 SE MARICAMP ROAD
City-St-Zip: OCALA, FL 34471

Title: MGR ( ) Delete
Name: BLESSING, L. BRANT
Address: 35420 BASELINE LANE
City-St-Zip: DADE CITY, FL 33525

Title: MGR ( ) Delete
Name: BLESSING, BENJAMIN B
Address: 35420 BASELINE LANE
City-St-Zip: DADE CITY, FL 33525

Title: MGR ( ) Delete
Name: BLESSING, BRADLEY Y
Address: 3227 SE MARICAMP ROAD
City-St-Zip: OCALA, FL 34471

Title: MGR ( ) Delete
Name: BLESSING, BEAU J
Address: 35420 BASELINE LANE
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BLESSING, BART A
Address: 3227 SE MARICAMP ROAD, SUITE #102
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BART A BLESSING MGR 06/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date