

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069486

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: BLAZ-D, LLC

**Current Principal Place of Business:**

2978 CRYSTAL CT.  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

2978 CRYSTAL CT.  
TITUSVILLE, FL 32780 US

**New Mailing Address:**

FEI Number: 51-0550196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZOOK, LEE M  
2978 CRYSTAL CT.  
TITUSVILLE, FL 32780 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: ZOOK, LEE M  
Address: 2978 CRYSTAL CT.  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: MGRM ( ) Delete  
Name: ZOOK, ANDREW W  
Address: 135 SOUTHWOLD DR.  
City-St-Zip: CARY, NC 27519 US

Title: MGRM ( ) Delete  
Name: ZOOK, WILLIAM N III  
Address: 2869 BRAVEHEART DR.  
City-St-Zip: URBAN, MD 21704 US

**ADDITIONS/CHANGES:**

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: LEE M. ZOOK

MGRM

04/30/2007

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