1. Entity Narr	MENT # L05000080	0061		Apr 26, 2007 08:00 A Secretary of State
Principal Place of Business Mailing Address   8213 BLAIKIE CT 8213 BLAIKIE CT   SARASOTA, FL 34240 SARASOTA, FL 34240			•	- - - - - 
DO NOT WRITE IN THIS SPACE				04242007 No Chg-LLC   CR2E083 (11/05)     4. FEI Number 20-3305491   Applied For Not Applicable     5. Certificate of Status Desired   \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent BLAIKIE, MICHAEL B 8213 BLAIKIE CT SARASOTA, FL 34240				DO NOT WRITE IN THIS SPACE
	named entity submits this statement fo ions of registered agent. Signature, typed or printed name of registered agent		ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
F	ling Fee is \$50.00 ue by May 1, 2007			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMB MGR BLAIKIE, MICHAEL B 8213 BLAIKIE CT SARASOTA, FL 34240	ERS/MANAGERS	-	U00000734504 05/09/07-80129-004 50.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	with that the information supplied with	h this filing does not avoil to the start		d in Chapter 110. Elevide Statutes 1 fundes and future in 1 fundes
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 torstee employered to execute this report as required by Chapter 608, Florida Statutes.     SIGNATURE   Image: Signature and the member of source and the member of t				