FILED Jun 04, 2007 8:00 am Secretary of State 05-02-2007 90358 046 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT 05-02-2007 90358 046 ****50.

DOCUMENT # L05000083823 1. Entity Name SUZANNE BLAKEMAN, LLC								- A 0 f	A A A A A	
Oringinal Plans	a of Business		Mailing Address				1	3000	19873	
Principal Place of Business			<u> </u>				∨ پر	_ 0000		
3324.LOWERY DR Navarre, Fl 32566 US			3324 LOWERY DR	US		į	1			
NAVARKE, FL	. 32300	US	NAVARRE, FL 32566	US			1			
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2. Principal Place of Business - No P.O. Box #			3, Mailing Address				.			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			.*.	04262007	Chg-LLC	CR2E083 (12/06)
City & State			City & State				4. FEI Numb 20-336			Applied For Not Applicable
Zip	Country		Zip	Cour	atry		5. Certificate	of Status Desired	S5.00 A	
	6. Name	and Address of Gurren	t Registered Agent				7. Name and	Address of New Ro	gistered Agent	
Name										
BLAKEMA 3324 LOW NAVARRE	ERY DR	INE		Street Address (P.O. Box Numb	er is Not Acceptable		
	.,				City				Et Zip Co	xde
					<u> </u>				_ FL	
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										
Signature. Noted or pursed name of registered agent and site if applicable [NOTE: Registered Agent agreeture required									DATE	
Filing Fee is \$50.00 Due by May 1, 2007									check payable to Department of St	
9.		MANAGING MEM	BERS/MANAGERS	10.		-		ADDITIONS/	CHANGES	
TITLE	MGRM		☐ Defete	181	E				Change	☐ Addition
NAME	BLAKEM/	N, SUZANNE		NAA	Æ	}				
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MILE	 			nn		l		 	☐ Change	Addition
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NAME	1		- P\$1010	NAI						
STREET ADDRESS					EEI ADDRESS					
CITY-ST-ZIP	1				1-S1-20P					
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indicated	d on this reco	rt is true and accurate a	vith this filing does not qualify for nd that my signature shall have	the sam	e legal effe	act as if r	made under oat	h; that I am a manag	ing member or mana	ger of the
limited lia	ability compa	ny or the receiver or trus	stee empowered to execute this	report a	s required	by Chap	oter 608, Florida	Statutes.		
		1	1///							
SIGNAT	TI IDE:	Ican.	Blelen					4/30/07	,	
DIGITAL		AND EVERY OF SENTER HAM	DE RIGHING MANAGING MEMBER, MAI	MAGER O	S ALITHOSIZE	D REPORTS	FHIATME	Date	Deviers Phone	