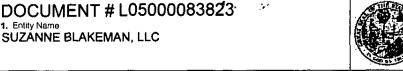
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000083823.

FILED May 05, 2008 08:00 Al Secretary of State



Principal Place of Business

3324 LOWERY DR NAVARRE, FL 32566 US Mailing Address

3324 LOWERY DR

NAVARRE, FL 32566 US



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04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number	·		Applied For
20-3367427			Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLAKEMAN, SUZANNE 3324 LOWERY DR NAVARRE, FL FL

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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000946915 05/30/08-80069-003 138.75

	MANAGING MEMBERS/MANAGERS
9.	
TITLE	MGRM
NAME	BLAKEMAN, SUZANNE
STREET ADDRESS	3324 LOWERY DR
C#TY-ST-ZIP	NAVARRE, FL 32566
TITLE	MGRM
NAME	BLAKEMAN, ROBIN
STREET ADDRESS	4508 BELLVILLE CT
CITY-ST-ZIP	MILTON, FL 32568
TITLE	MGRM
NAME	BRONSON, SUZANNE
STREET ADDRESS	3324 LAWRENCE DR
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	'
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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I hereby certify that the information supplied with this filing does not quality 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #