


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000083823
 1. Entity Name
 SUZANNE BLAKEMAN, LLC



Principal Place of Business 3324 LOWERY DR NAVARRE, FL 32566 US	Mailing Address 3324 LOWERY DR NAVARRE, FL 32566 US
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3367427	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

U00000946915
 05/30/08-80069-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAKEMAN, SUZANNE 3324 LOWERY DR NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAKEMAN, ROBIN 4508 BELLVILLE CT MILTON, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRONSON, SUZANNE 3324 LAWRENCE DR 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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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Suzanne Blakeman 4/30/08 8:50-939-3180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #