


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-03-2006 90027 045 *****50.00
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FILED
Nov 08, 2006 8:00 A.M.
Secretary of State

DOCUMENT # L05000087804					
1. Entity Name BLUE VENOM PITS LLC					
Principal Place of Business 766 WILCOX CROSSING ROAD BONIFAY, FL 32425			Mailing Address 766 WILCOX CROSSING ROAD BONIFAY, FL 32425		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOONEY, CHARLES M 766 WILCOX CROSSING ROAD BONIFAY, FL 32425			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOONEY, CHARLES M 766 WILCOX CROSSING ROAD BONIFAY, FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Patricia J. R.O.A.</i>			5-106		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

REINSTATEMENT

06

Just

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ATTACHMENT

60035206

#L02000087804

DURABLE POWER of ATTORNEY

Know All Men By These Presents, that I, Charles Looney, have constituted and appointed, Patricia Looney, my Mother, as my true and lawful attorney, for me and in my name to transact, and perform for me in my place the following: Executor of my entire estate and possessions. Also any legal, accounting, Tax and Business Matters. Also any Banking Transactions. Also any child support issues.

(Specify powers conveyed)

I Hereby Authorize my said attorney to bind me thereby in as full and ample a manner as I myself could do, were I personally present, signing the same and affixing my seal to all and every kind of instrument which will perfect the aforementioned acts he or she may think in any wise necessary or proper. This durable power of attorney shall not be affected by disability of the principal except as provided by statute exercisable from this day, and shall have the same affect, and inure to the benefit of, and bind the principal or his heirs, devisees, and personal representatives, as if the principal were competent and not disabled, unless otherwise revoked, until judged incompetent or death.

Signed in the presence of:

Charles Looney
(Principal)

[Signature]
(Witness)

[Signature]
(Witness)


State of Florida }

County of Holmes }

Before me, the undersigned authority, this day personally appeared CHARLES LOONEY, who is personally known to me or has produced valid identification, first being duly sworn or attests that he is the principal executing the foregoing Specific Power of Attorney, and acknowledges PATRICIA LOONEY, as the within power of attorney in my place and stead.

Sworn To and Subscribed To
before me this 15 day of FEBRUARY, 2008.
My Commission Expires: _____

[Signature]
(Notary Public)

 Carroll Lerner
Commission #DD289664
Expires: Feb 10, 2008
Bonded Thru
Atlantic Bonding Co., Inc