2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Feb 12, 2008 08:00 AN Secretary of State DOCUMENT # L05000087804 1. Entity Name BLUE VENOM PITS LLC Principal Place of Business Mailing Address 766 WILCOX CROSSING ROAD 766 WILCOX CROSSING ROAD BONIFAY FL 32425 **BONIFAY FL 32425** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) Applied For City & State City & State 4. FEI Number 60-3032790 Not Applicable ZinCountry Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOONEY, CHARLES M Street Address (P.O. Box Number is Not Accentable) 766 WILCOX CROSSING ROAD **BONIFAY FL 32425** City Z_ip 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. sko latura, typod ar som od name ot registored agant gnaistře. Lappisastila tNOTE. Rugisterast Asjent's qualitie required with remetating CATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 - 1 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR Change Addition THE TOTAL Defete NAME LOONEY, CHARLES M NAMO STREET ADDRESS STHEET ADDRESS 766 WILCOX CROSSING ROAD CITY-ST-ZIP BONIFAY FL 32425 CITY-ST-ZiP U00000825260 □ Change 02/21/08-80002-007 143.75 Delete Addition THE Titi E MARIE NAME STREET ARDRESS STREET AUDRESS CHY+ST-ZIP CHY-ST-ZIP THILE Delete HILL ☐ Change Addition NAME RAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STRELLI ADDRESS CHY-SI-ZIP CITY-ST-Z:P TITLE Defete TITLE Change Addition DAME NAME STREET ADDRESS STREET AUDRESS CHIY-ST ZIP CITY ST-ZIP Addition T:11E ☐ Delote TITLE [] Change DARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: Charles Janus Roa Rolling Somery Patricia Laborey 18/08 (850) 373-7075
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11. Thereby certify that the information supplied with this firing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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 path; that I am a managing idember or manager of the

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.