

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120685

Entity Name: THE BLAIR GROUP, LLC

FILED  
Mar 15, 2007  
Secretary of State

## Current Principal Place of Business:

4531 W STATE RD, # 238  
LAKE BUTLER, FL 32054 US

## New Principal Place of Business:

4531 W STATE RD 238  
LAKE BUTLER, FL 32054 US

## Current Mailing Address:

4531 W STATE RD, # 238  
LAKE BUTLER, FL 32054 US

## New Mailing Address:

4531 W STATE RD 238  
LAKE BUTLER, FL 32054 US

FEI Number: 74-3160603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALVITT, RICHARD W  
10572 52ND TERRACE  
LIVE OAK, FL 32060 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CALVITT, RICHARD W  
Address: 10572 52ND TERRACE  
City-St-Zip: LIVE OAK, FL 32060 US

Title: MGR ( ) Delete  
Name: BAISDEN, TOMMY J  
Address: 4531 W STATE RD, # 238  
City-St-Zip: LAKE BUTLER, FL 32054 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BAISDEN, TOMMY J  
Address: 4531 W STATE RD 238  
City-St-Zip: LAKE BUTLER, FL 32054 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TOMMY J. BAISDEN

MGR

03/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date