2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-17-2008 90167 009 ***138.75

30006629

03172008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000120685

1. Entity Name
THE BLAIR GROUP, LLC

Principal Place of Business	Mailing Address
~~4531 W STATE RD 238~~ LAKE BUTLER, FL 32054 US	~~4531 W STATE RD 238~~ LAKE BUTLER, FL 32054 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8827 NW 45th Ct.	8827 NW 45th Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Butler, FL	City & State: Lake Butler, FL
Zip: 32054 Country: US	Zip: 32054 Country: US

4. FEI Number: 74-3160603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CALVITT, RICHARD W 10572 52ND TERRACE LIVE OAK, FL 32060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BAISDEN, TOMMY J ~~4531 W STATE RD 238~~ LAKE BUTLER, FL 32054 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Tommy J. Baisden 8827 NW 45th Ct. Lake Butler, FL 32054 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 5-15-08 352-317-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #