2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120685

FILED
May 01, 2009
Secretary of State

Entity Name: THE BLAIR GROUP, LLC

Current Principal Place of Business:

8827 NW 45TH CT.
LAKE BUTLER, FL 32054 US

New Principal Place of Business:

Current Mailing Address:

8827 NW 45TH CT.
LAKE BUTLER, FL 32054 US

New Mailing Address:

FEI Number: 74-3160603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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, TAMMY J
Address: 8827 NW 45TH CT.
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: 8827 NW 45TH CT.
City-St-Zip: LAKE BUTLER, FL 32054 US

I hereby certify that the information supplied with this filing does not qualify 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 JASON BAISDEN TB 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date