



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90024 025 ***138.75

DOCUMENT # L06000029441					
1. Entity Name BILTRITE, LLC					
Principal Place of Business 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256			Mailing Address 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # 10245 Centurion Parkway N.		3. Mailing Address 10245 Centurion Parkway N.			
Suite, Apt. #, etc. Suite 305		Suite, Apt. #, etc. Suite 305		04282008 Chg-LLC CR2E083 (12/06)	
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-4648445	
Zip Country 32256		Zip Country 32256		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLISON, LEE G ESQ. 6817 SOUTHPPOINT PARKWAY SUITE 603 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name <u>Frank R. Keaster, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) 10245 Centurion Parkway North Suite 305 City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32256</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>4/28/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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 SAFAR ENTERPRISES, LLLP 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager EcoVisions, LLC 10245 Centurion Parkway N. Suite 305 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTH FLORIDA INVESTMENTS, LTD 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	<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	MGR KIRKLAND, LAWRENCE 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	<input checked="" 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	MGR GILLETTE, MALCOLM 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	<input checked="" 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	MGR MARK-A ENTERPRISES, INC 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	<input checked="" 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	MGR HOOK-R-SLICE 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	<input checked="" 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: Frank R. Keaster, Jr. Manager <u>[Signature]</u> <u>4/28/08</u> <u>904 339 0255</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					