

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038178

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** BLAZE POND ENTERPRISES, LLC

**Current Principal Place of Business:**

12401 WEST HIGHWAY 326  
OCALA, FL 344821047

**New Principal Place of Business:**

**Current Mailing Address:**

12401 WEST HIGHWAY 326  
OCALA, FL 344821047

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACKAY, DAVID L  
2801 SOUTHWEST COLLEGE ROAD, SUITE 9  
OCALA, FL 34474    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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      PETERS, WAVERLYN MGRM  
Address:                      12401 W HIGHWAY 326  
City-St-Zip:                      Ocala, FL 34473

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: WAVERLYN PETERS                      MGRM                      04/30/2007

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