


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90042 007 ****50.00

DOCUMENT # L06000069168	
1. Entity Name BLIND VENTURES, LLC	

Principal Place of Business 205 COQUINA STREET ST. AUGUSTINE, FL 32086	Mailing Address 205 COQUINA STREET ST. AUGUSTINE, FL 32086
--	--

2. Principal Place of Business - No P.O. Box # 205 COQUINA Avenue	3. Mailing Address 205 COQUINA Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St Augustine, FL	City & State St Augustine, FL
Zip 32080	Country
Zip 32080	Country

6. Name and Address of Current Registered Agent SHEPPARD, SEAN P ESQ. C/O SHEPPARD & SHEPPARD, P.A. 1301 PLANTATION ISLAND DRIVE SOUTH, #204 ST. AUGUSTINE, FL 32080	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWRENCE M. GILPIN 3226 Silverado Trail ST Helena, CA 94574 <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	MGRM KAREN Gilpin Trust III 3226 Silverado Trail ST Helena CA 94574 <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	MGRM DONALD N. GILPIN 53 LINCOLN AVENUE Lambertville, NJ 08530 <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	MGRM McIntosh Investment Company LLC 1543 Red Gate Road Millwood, VA 22646 <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	MGRM JOHN H. CAHILL 205 COQUINA Avenue ST AUGUSTINE FL 32080 <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	MGRM RUTH B. CAHILL 205 COQUINA Avenue ST AUGUSTINE FL 32080 <input 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: RUTH B. CAHILL RUTH B. CAHILL 4/16/07 (904) 825-4124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #