

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000069168

1. Entity Name
BLIND VENTURES, LLC



Principal Place of Business
205 COQUINA AVE
ST. AUGUSTINE, FL 32086

Mailing Address
205 COQUINA AVE
ST. AUGUSTINE, FL 32086

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5191385

Applied For
Not Applicable

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

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

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	MGRM GILPIN, LAWRENCE M 3226 SILVERADO TR SAINT 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 AILPIN TRUST III 3226 SILVERADO TR SAINT HELENA, CA 94574	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Karen Gilpin Trust III</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILDIN, DONALD N 53 LINCOLN AVE LAMBERTVILLE, NJ 08530	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>GILPIN, DONALD N.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCINTOSH INVESTMENT COMPANY, LLC 1543 RED GATE RD 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 CAHILL, JOHN H 205 COQUINA AVE SAINT 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 CAHILL, RUTH B 205 COQUINA AVE SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CAHILL, RUTH B.</i>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/10/08 904 825-4124
Date Daytime Phone #