2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069168

Entity Name: BLIND VENTURES, LLC

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SAINT AUGUSTINE, FL 32080

SAINT AUGUSTINE, FL 32080

(X) Delete

MGRM

CAHILL, RUTH B

205 COQUINA AVE

FILED Apr 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 205 COQUINA AVE 205 COQUINA AVE ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32080 **Current Mailing Address: New Mailing Address:** 205 COQUINA AVE 205 COQUINA AVE ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32080 FEI Number: 20-5191385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHEPPARD, SEAN P ESQ C/O SHEPPARD & SHEPPARD, P.A 1301 PLANTATION ISLAND DRIVE SOUTH, #204 ST. AUGUSTINE, FL 32080 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GILPIN, LAWRENCE M Name: Name: 3226 SILVERADO TR Address: Address: City-St-Zip: SAINT HELENA, CA 94574 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition GILPIN, KAREN III Name: KARIN GILPIN TRUST III Name: Address: 3226 SILVERADO TR Address: 3226 SILVERADO TR City-St-Zip: SAINT HELENA, CA 94574 City-St-Zip: SAINT HELENA, CA 94574 Title: MGRM () Delete Title: MGRM (X) Change () Addition GILPIN, DONALD N GILPIN, DONALD N Name: Name: Address: 53 LINCOLN AVE Address: 829 LILY LANE City-St-Zip: LAMBERTVILLE, NJ 08530 City-St-Zip: EWING, NJ 08638 Title: MGRM Title: () Change () Addition () Delete Name: MCINTOSH INVESTMENT COMPANY, LLC Name: Address: 1543 RED GATE RD Address: City-St-Zip: MILLWOOD, VA 22646 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition CAHILL, JOHN H CAHILL FAMILY TRUST Name: Name: 205 COQUINA AVE Address: Address: 205 COQUINA AVE

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SAINT AUGUSTINE, FL 32080

() Change () Addition

SIGNATURE: RUTH B. CAHILL MGRM 04/18/2009