2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # L06000111711 1. Entity Name BLASER INVESTMENTS, LLC Principal Place of Business Mailing Address 6020 NW 2ND AVE 6020 NW 2ND AVE OCALA FL 34475 OCALA FL 34475 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 51-0612294 Not Applicable Zip Couritry Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLASER, NICOLAS Street Address (P.O. Box Number is Not Acceptable) 6020 NW 2ND AVE OCALA FL 34475 Z p Code City 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, typed or or modiname of registered agent and the if applicable DATE (NOTE: Repicted so whert signature required when registating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Delete ☐ Addition U00000896566 NAME BLASER, NICOLAS NAME 04/25/08-80013-002 138.75 STREET ADDRESS 6020 NW 2ND AVE STREET ADDRESS CITY-ST-ZIP OCALA FL 34475 CITY-ST-ZiP THRE ☐ Defete TiTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILL Change Addition NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete Change Addition HAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY- ST- ZIP ... Delete ☐ Change Addition NAME NAME

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate with 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 recenter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

Date

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