

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

09 SEP 17 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000011532					
1. Entity Name BLAZING TRAILS PRODUCTIONS LLC					
Principal Place of Business 15 WAGON WHEEL WAY OCALA, FL 34482			Mailing Address 15 WAGON WHEEL WAY OCALA, FL 34482		
2. Principal Place of Business - No P.O. Box # 15 SE BROADWAY		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. OCALA		Suite, Apt. #, etc.			
City & State FL		City & State		4. FEI Number 33-1185489	
Zip 34471		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHITE, SHYVONNE 15 WAGON WHEEL WAY OCALA, FL 34482				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: DATE: 9/12/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHITE, SHYVONNE 15 WAGON WHEEL WAY OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 9/12/08 Daytime Phone #: 352-235-2065					