

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90036 035 ***138.75

DOCUMENT # L07000015112					
1. Entity Name BLOCKER PROPERTIES, LLC					
Principal Place of Business 2030 SW 61ST LANE ROAD OCALA, FL 34474			Mailing Address 2030 SW 61ST LANE ROAD OCALA, FL 34474 PO Box 2766 Ocala, FL 34478		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address PO Box 2766		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Ocala, FL		
Zip		Country		Zip 34478	
Country		Country USA		4. FEI Number 20-8562436	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOCKER, MARGUERITE 2030 SW 61ST LANE ROAD OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 </div> <div style="width: 40%; text-align: center;"> Make check payable to Florida Department of State </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME BLOCKER, MARGUERITE STREET ADDRESS 2030 SW 61ST LANE ROAD CITY - ST - ZIP OCALA, FL 34474	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME BLOCKER, JEREMIAH STREET ADDRESS 2030 SW 61ST LANE ROAD CITY - ST - ZIP OCALA, FL 34474	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Marguerite Blocker</u>			2/25/08 352-854-2250		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		