


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90048 024 \*\*\*138.75

<b>DOCUMENT # L07000050791</b> 1. Entity Name COUNTRY TREASURES, LLC																															
Principal Place of Business 11787 S. US HWY 441 BELLEVUE, FL 34420 US		Mailing Address 11787 S. US HWY 441 BELLEVUE, FL 34420 US																													
2. Principal Place of Business - No P.O. Box # 2005 E. Silver Springs BLVD Suite, Apt. #, etc.		3. Mailing Address 2005 E. Silver Springs BLVD Suite, Apt. #, etc.																													
City & State Ocala, FL		City & State Ocala, FL																													
Zip 34470		Country USA																													
4. FEI Number 26-0446345		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name HELEN L. BLAKE Street Address (P.O. Box Number is Not Acceptable) 11320 SE 74TH TERR City Bellevue FL Zip Code 34420																													
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 <u>Heleen L. Blake</u> DATE <u>1/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;">           MGRM            BLAKE, HELEN L            11787 S. US HWY 441            BELLEVUE, FL 34420           <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAKE, HELEN L 11787 S. US HWY 441 BELLEVUE, FL 34420 <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;">           MGRM            HELEN L. BLAKE            2005 E. Silver Springs BLVD            Ocala, FL 34470           <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELEN L. BLAKE 2005 E. Silver Springs BLVD Ocala, FL 34470 <input checked="" 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>Heleen L. Blake</u> DATE <u>1/4/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																															