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

FILED
Jun 16, 2008 8:00 am
Secretary of State
05-15-2008 90080 020 ***138.75

DOCUMENT # L07000081731

1. Entity Name
STEVE BLACKWELL, LLC

Principal Place of Business	Mailing Address
1911 S. MELANIE DRIVE HOMOSASSA FL 34448	1911 S. MELANIE DRIVE HOMOSASSA FL 34448

300093777

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1911 S Melanie dr		1911 S Melanie dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hommassa Fl		City & State: Hommassa Fl	
Zip: 34448	Country: Citrus	Zip: 34448	Country: Citrus

4. FEI Number: 42-1765489 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKWELL, STEVE
1911 S. MELANIE DRIVE
HOMOSASSA FL 34448

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: Steve Blackwell DATE: 4.27.08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, STEVE		NAME		
STREET ADDRESS	1911 S. MELANIE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34448		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby 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 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: Steve Blackwell Steve Blackwell 4.27.08 352 102 9508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #