2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# L08000003877

Entity Name: BLOWERS, LLC

Current Principal Place of Business:

5424 TOM SAWYER ROAD
MILTON, FL 32583 US

New Principal Place of Business:

4374WOODVILLE ROAD
MILTON, FL 32583 US

Current Mailing Address:

5424 TOM SAWYER ROAD
MILTON, FL 32583 US

New Mailing Address:

4374 WOODVILLE ROAD
MILTON, FL 32583 US

FEI Number: 26-1758206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOWERS, ROY A
5424 TOM SAWYER ROAD
MILTON, FL 32583 US

Name and Address of New Registered Agent:

BLOWERS, ROY A
4374 WOODVILLE ROAD
MILTON, FL 32583 US

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.

SIGNATURE: ROY A BLOWERS 03/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BLOWERS, ROY A
Address: 5424 TOM SAWYER ROAD
City-St-Zip: MILTON, FL 32583 US

Title: MGR ( ) Delete
Name: BLOWERS, TAFFNEY A
Address: 5424 TOM SAWYER ROAD
City-St-Zip: MILTON, FL 32583 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BLOWERS, ROY A
Address: 4374 WOODVILLE ROAD
City-St-Zip: MILTON, FL 32583 US

Title: MGR (X) Change ( ) Addition
Name: BLOWERS, TAFFNEY A
Address: 4374 WOODVILLE ROAD
City-St-Zip: MILTON, FL 32583 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAFFNEY A BLOWERS MGR 03/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date