

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054124

FILED
Feb 02, 2009
Secretary of State

Entity Name: BLIND FAITH ENTERPRISES LLC

Current Principal Place of Business:

6899 LUCCA STREET
ORLANDO, FL 32819

New Principal Place of Business:

1030 NORTH ORANGE AVENUE
SUITE 105
ORLANDO, FL 32801

Current Mailing Address:

6899 LUCCA STREET
ORLANDO, FL 32819

New Mailing Address:

1030 NORTH ORANGE AVENUE
SUITE 105
ORLANDO, FL 32801

FEI Number: 26-2754237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, NICK
6899 LUCCA STREET
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

DAVIS, E. NICHOLAS
1030 NORTH ORANGE AVENUE
SUITE 105
ORLANDO, FL 32801 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: /S/ E. NICHOLAS DAVIS

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIS, NICK
Address: 6899 LUCCA STREET
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: ETCHISON, MICHAEL
Address: PO BOX 1040
City-St-Zip: OAKLAND, FL 34760 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, E. NICHOLAS
Address: 1030 NORTH ORANGE AVENUE, SUITE 105
City-St-Zip: ORLANDO, FL 32801 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: /S/ E. NICHOLAS DAVIS

MGRM

02/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date