
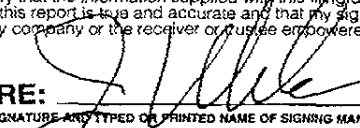


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000259		
1. Entity Name BLAZER LIMITED, L.C.		
Principal Place of Business 2255 US 1 SOUTH ST AUGUSTINE, FL 32086		Mailing Address PO BOX 169 ST AUGUSTINE, FL 32085
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILSON, JOHN E JR. 2255 US 1 SOUTH ST AUGUSTINE, FL 32086		
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, JOHN E JR 2255 US 1 SOUTH ST AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, GERALDINE Y 2255 US 1 SOUTH ST AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  John E. Wilson Jr. 1/5/04 904-297-4567 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3434551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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01/07/04-80003-003 50.00

**DO NOT WRITE
IN THIS SPACE**