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Jun 07, 2007 8:00 am
Secretary of State
05-08-2007 90113 049 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001773

1. Entity Name
BLAZAK PARTNERS, LLC

Principal Place of Business	Mailing Address
9225 EVENING SHADOW DRIVE CHATTANOOGA, TN 37421	9225 EVENING SHADOW DRIVE CHATTANOOGA, TN 37421

DO NOT WRITE IN THIS SPACE

04132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2555976
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARDY, JAMES H
3183 MARCUS POINT BLVD.
PENSACOLA, FL 32505

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BLAZAK, RICHARD
STREET ADDRESS	9225 EVENING SHADOW DRIVE
CITY-ST-ZIP	CHATTANOOGA, TN 37421
TITLE	MGRM
NAME	BLAZAK, MARY ANN
STREET ADDRESS	9225 EVENING Shadow DRIVE
CITY-ST-ZIP	CHATTANOOGA, TN. 37421
TITLE	MGRM
NAME	CHASTAIN, LYNN
STREET ADDRESS	9105 STONEY MTN.
CITY-ST-ZIP	CHATTANOOGA, TN. 37421
TITLE	MGRM
NAME	CHASTAIN, Kathy
STREET ADDRESS	9105 Stoney Mtn.
CITY-ST-ZIP	CHATTANOOGA, TN. 37421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ✓ Kathy Chastain ✓ 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #