


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000035518**

1. Entity Name  
**BLAQGOLD VILLAGES, LLC**



Principal Place of Business      Mailing Address

**600 NORTH BOULEVARD WEST**      **P.O. BOX 491313**  
**D**      **LEESBURG, FL 34749**  
**LEESBURG, FL 34748**

**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>86-1136791</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SKATES, JEFFREY P**  
**1028 LAKE SUMTER LANDING**  
**THE VILLAGES, FL 32162**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBR</b> <b>BLAQGOLD PROPERTIES, LLLP</b> <b>600 NORTH BOULEVARD WEST</b> <b>LEESBURG, FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBR</b> <b>BLAQGOLD MANAGEMENT, INC.</b> <b>600 NORTH BOULEVARD WEST</b> <b>LEESBURG, FL 34748</b>
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 05/01/07-80014-005 50.00

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:** *Gerald Golostein* **GERALD GOLOSTEIN, 4-5-07 352-787-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

PRESIDENT BLAQGOLD MANAGEMENT, INC.