


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000008636
 1. Entity Name
BLACKWOLFF HOMES CONSTRUCTION, LLC



Principal Place of Business Mailing Address
2529 SESAME ST. **2519 SESAME ST.**
SARASOTA, FL 34231 **SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



02162008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5419992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSTARD, R. DAVID
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

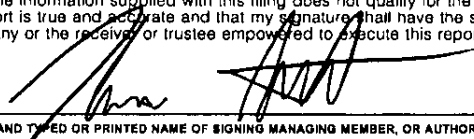
U00000910511
 05/07/08-80002-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MITCHELL, THOMAS D MR. 2419 SESAME ST. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACKWOLFF HOMES LLC 741 HIDEAWAY BAY DR. LONBOAT KEY, FL 34228
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:  _____

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