

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jul 21, 2008 8:00 am
Secretary of State

05-29-2008 90012 002 ***138.75

DOCUMENT # L07000086874	
1. Entity Name BLACK DOG VENTURES, LLC	

Principal Place of Business 1200 KINGS AVENUE JACKSONVILLE FL 32207	Mailing Address P.O. BOX 8887 JACKSONVILLE FL 32239
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 26-0795843	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ALBERT, GEORGE 5365 OAK BAY DRIVE NORTH JACKSONVILLE FL 32277	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent Signature required when reappointing)	DATE
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALBERT, GEORGE		NAME		
STREET ADDRESS	P.O. BOX 8887		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32239		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALBERT, JACK		NAME		
STREET ADDRESS	5365 OAK BAY DRIVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAY, SCOTT		NAME		
STREET ADDRESS	1176 EDGEWOOD AVENUE, SUITE 4		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHAMI, PAUL		NAME		
STREET ADDRESS	14854 REEF DRIVE WEST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE	Copied From
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