ANNUAL REPORT		DA DEPARTMENT OF STATE Katherine Harris Secretary of State SION OF CORPORATIONS	SKOITAROHROUS TO PROJECT TRADITARIONS	
ILING FEE Annual Report \$1 \$ 188.75 Make Check Pa	100.00 + \$88.75 Corpo yable To: FLORIDA D	oration Supplemental Fed EPARTMENT OF STATE	9911.	3-9 BM 3: 15
Name and Mailing Address of Limited Liability Company BLACKBURN & CO 6620 SOUTHPOIN SOUTHPOINT BUI	T DRIVE, SOU		1a. Principal Place of Business 6620 SOUTHP SOUTHPOINT	OINT DRIVE, SOUTH
JACKSONVILLE F			JACKSONVILL	
Principal Place of Business	28. Mailing Add		3. Date Organized or Qual 07/23/1998	lified 3a. State of Formation F L
City & State	City & State	·	4. FEI Number 59-35193	390 Applied For Not Applicable
Country	Zip	Country	5. Date of Last Report	Certificate of Status Desired \$8.75 Additional Fee Required
Description Pursuant to the provisions of Sections is registered office or registered agent, or be registered agent, and accept the obligation SIGNATURE (Response Agent)	oth, in the State of Florida. Su itions.	a Statutes, the above-named limite	ed liability company submits this active vote of a majority of the mo	
Title Managing Members/	Managers	Business Street Address	5	City, State and Zip Code
MGRM BLACKBURN, DE	NNIS L 66	20 SOUTHPOINT D		KSONVILLE FL W12212954 W121799-W100-W5
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