

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035518

Entity Name: BLAQGOLD VILLAGES, LLC

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

600 NORTH BOULEVARD WEST  
D  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 491313  
LEESBURG, FL 34749

**New Mailing Address:**

FEI Number: 86-1136791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDSTEIN, GERALD  
2918 COCOUA WAY  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MBR ( ) Delete  
Name: BLAQGOLD PROPERTIES,, LLLP  
Address: 600 NORTH BOULEVARD WEST  
City-St-Zip: LEESBURG, FL 34748

Title: MBR ( ) Delete  
Name: BLAQGOLD MANAGEMENT,, INC.  
Address: 600 NORTH BOULEVARD WEST  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BLAQGOLD PROPERTIES,, LLLP  
Address: 600 NORTH BOULEVARD WEST  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM (X) Change ( ) Addition  
Name: BLAQGOLD MANAGEMENT,, INC.  
Address: 600 NORTH BOULEVARD WEST  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDRE BLAQUIER

MGR

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date