2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 26, 2005 08:00 AM Secretary of State **DOCUMENT # L02000001560** 1. Entity Name BLACKWOLFF HOMES, LLC Principal Place of Business Mailing Address 10832 FOREST RUN DRIVE 10832 FOREST RUN DRIVE BRADENTON, FL 34211 BRADENTON, FL 34211

DO NOT WRITE IN THIS SPACE 4. FEI Number 01-0578037 Not Applied			:	0112200ENo	22005No Chg-LLC CR2E083 (10/03)			
S. Certificate of Status Desired	C	OO NOT WRITE IN THIS SPACE	CE	4. FEI Number	FEI Number		Applied	applied For
SEIDER, WILLIAM M ESQ. 200 S. ORANGE AVE. SARASOTA, FL 34236 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 the obligations of registered agent. SIGNATURE Signature, hybrid or presed name of ingistered agent and site if application. NOTE: Registered Agent signature required whon reincatency) DATE Filling Fee is \$50.00 Due by May 1, 2005 0. MANAGING MEMBERS/MANAGERS TITLE WOLFF, TED SIRRET ADDRESS CITY-ST-2P BLACKMAN, TERENCE STRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 TITLE SUMME SIRRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 TITLE SIRRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 TITLE SIRRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 TITLE SIRRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 TITLE SIRRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 TITLE SIRRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 TITLE SIRRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 TITLE SIRRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 TITLE SIRRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 TITLE TITLE TITLE TITLE SIRRET ADDRESS TA11 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 INTHIS SPACE INTHIS SPACE							\$5.00 Additions	
SARASOTA, FL 34236 IN THIS SPACE 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. Lam familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or predefermed registered agent and the f applicable. Pilling Fee is \$50.00 Due by May 1, 2005 0. MANAGING MEMBERS/MANAGERS III.E PWME VOLFF, TED SIRELI TORIESS 10532 FOREST RUN DR. DITY-ST-2P RAPEDITON, FL 34211 III.E VP MWE SIRELI TORIESS CITY-ST-2P LONGBOAT KEY, FL 34228 III.E SIRELI ADRIESS CITY-ST-2P LONGBOAT KEY, FL 34228 III.E SIRELI ADRIESS 741 HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 III.E SIRELI ADRIESS TORIESS TORIESS TORIESS TORIESS TALL HIDEAWAY BAY DR. LONGBOAT KEY, FL 34228 III.E SIRELI ADRIESS TORIESS TORIES		6. Name and Address of Current Registered Agent	1					
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Due by May 1, 2005	oldivatoric.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	d Agent signature required v	when reinstating)		DATE		
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STREET ADDRESS 10832 FOREST RUN DR. CITY-ST-ZIP BRADENTON, FL 34211	NAME STREET ADDRESS	BLACKMAN, JOANNE 741 HIDEAWAY BAY DR.						
	NAME Street address	WOLFF, KATHRYN M 10832 FOREST RUN DR.		IN THIS SPACE				
STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	NAME STREET ADDRESS CITY-ST-ZIP						ertify that the inform	alion

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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. that I am a managing member or manager of the

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
SIGNATURE: <u>Bathryn M. Wolff</u>	1/21/05	941-752-9530