2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001560

Name:

Address:

City-St-Zip:

WOLFF, KATHRYN M

10832 FOREST RUN DR.

BRADENTON, FL 34211

Entity Name: BLACKWOLFF HOMES, LLC

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 741 HIDEAWAY BAY DR. LONGBOAT KEY, FL 342288 **Current Mailing Address: New Mailing Address:** 741 HIDEAWAY BAY DR. LONGBOAT KEY, FL 342288 FEI Number: 01-0578037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEIDER, WILLIAM M ESQ. 200 S. ORANGE AVE. SARASOTA, FL 34236 US 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: ADDITIONS/CHANGES: Title: () Change () Addition (X) Delete WOLFF, TED Name: Name: Address: 10832 FOREST RUN DR. Address: City-St-Zip: BRADENTON, FL 34211 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BLACKMAN, TERENCE Name: BLACKMAN, TERENCE Address: 741 HIDEAWAY BAY DR. Address: 741 HIDEAWAY BAY DR. City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228 Title: () Delete Title: () Change () Addition BLACKMAN, JOANNE Name: Name: 741 HIDEAWAY BAY DR. Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TERENCE BLACKMAN P 04/29/2006