

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005671

FILED
Apr 26, 2006
Secretary of State

Entity Name: BLACKS PROPERTIES, LLC

Current Principal Place of Business:

1206 W. PINE ST.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1206 W. PINE ST.
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 01-0626623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, FRED E
1206 W. PINE ST.
ORLANDO, FL 32805 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: MGR () Delete
Name: BLACK, CHERYL A
Address: 1206 W. PINE ST
City-St-Zip: ORLANDO, FL 32805

Title: MGR () Delete
Name: BLACK, CHERIE T
Address: 1206 W. PINE ST
City-St-Zip: ORLANDO, FL 32805

Title: MGR () Delete
Name: VINES, NICOLE R
Address: 1206 W. PINE ST
City-St-Zip: ORLANDO, FL 32805

Title: MGR () Delete
Name: BLACK, JASON A
Address: 1206 W. PINE ST
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHERYL A BLACK

D

04/26/2006

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