

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90025 021 ****50.00

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05012006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L02000006164			
1. Entity Name BLACKBERRY BAY TRADERS, L.L.C.			
Principal Place of Business 1610 NORTH 42ND CIRCLE SUITE 210 VERO BEACH, FL 32967 US		Mailing Address 1610 NORTH 42ND CIRCLE SUITE 210 VERO BEACH, FL 32967 US	
2. Principal Place of Business 2716 Laurel Dr Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 4076 Suite, Apt. #, etc.	
City & State Vero Beach FL		City & State Vero Beach FL	
4. FEI Number 02-0636306		Applied For <input type="checkbox"/> Not Applicable	
Zip 32960		Country	
Zip 32963		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FENNELL, TODD W ESQ. 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASARES, MANUEL 1610 NORTH 42ND CIRCLE SUITE 210 VERO BEACH, FL 32967 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Casares Manuel 2716 Laurel Dr Vero Beach FL 32960 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 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:		Date: 9-30-2006 Daytime Phone #: 772-473-9029	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			