

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 Zip Country 32960		City & State Vero Beach FL Zip Country 32963		4. FEI Number 02-0636306	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
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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	
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: 9-30-2006 772-473-9029 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					