


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-11-2003 90012 018 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000006164					
1. Entity Name BLACKBERRY BAY TRADERS, L.L.C.					
Principal Place of Business 1480 WINDCOVE DRIVE WYN COVE VERO BEACH FL 32963			Mailing Address 1480 WINDCOVE DRIVE WYN COVE VERO BEACH FL 32963		
2. Principal Place of Business		3. Mailing Address 1480 WYN COVE PRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0636306	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FENNEL, TODD W ESQ. 979 BEACHLAND BOULEVARD VERO BEACH FL 32963				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number Is Not Acceptable)				Street Address (P.O. Box Number Is Not Acceptable)	
City				City	
State				State	
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 resigning) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	President	Manuel Caseros	1480 WYN COVE DR VERO BEACH FL 32963		
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 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: <u>Manuel Caseros</u> SIGNATURE REQUIRED 4-7-03 972-231-0648					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)