

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90023 016 ****55.00

DOCUMENT # L02000012285

1. Entity Name
BLACKWATER CREEK ENTERPRISES, L.L.C.



Principal Place of Business

**23011 GROW ROAD
EUSTIS FL 32726**

Mailing Address

**P.O. BOX 429
SORRENTO FL 32726**

2. Principal Place of Business

3. Mailing Address

P.O. Box 429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sorrento FL

4. FEI Number

04-3677362

Applied For

Not Applicable

Zip

Country

Zip

Country

32776

U.S.

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, SCOTT E ESQUIRE
111 N. ORANGE AVENUE, SUITE 1200
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**M&AM
Gregory O. Wiggins
23011 Grow Rd Eustis FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**M&AM
Wesley D. Scovanner
1855 Bear Creek Cove
Longwood FL 32779**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE REQUIRED
4-23-03 **(352) 483-0766**

CR2E083 (10/02)