2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -9 AM 9:10

DOCUMENT # L02000012536

1. Entity Name
BLACKBIRD INVESTMENTS, LLC

Principal Place of Business	Mailing Address
6015 SW HWY 200 SUITE 101 OCALA, FL 34476	PO BOX 1476 OCALA, FL 34478

2. Principal Place of Business	3. Mailing Address
3233 SE Maricamp Road	
Suite, Apt. #, etc. Suite 601	Suite, Apt. #, etc.
City & State Ocala FL	City & State
Zip 34471	Country Marion
Zip	Country

02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0717425

☐ Applied For
☐ Not Applicable

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
LEEWARD, DIRK J 6015 SW HWY 200 SUITE 101 OCALA, FL 34476	Name Street Address (P.O. Box Number is Not Acceptable) 3233 SE Maricamp Rd., Suite 601 City Ocala FL Zip Code 34471

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 BY: Dirk J. Leeward MGR 4/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEEWARD, DIRK J 6015 SW HWY 200 STE 101 OCALA, FL 34476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3233 SE Maricamp Rd., Suite 601 Ocala FL 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leeward, James K., Manager 3233 SE Maricamp Rd., Suite 601 Ocala FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MP 5/9/05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: BY: Dirk J. Leeward, Mgr. 4/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #