


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L02000016331 1. Entity Name BLACK SHEEP INVESTMENTS SUB 1, LLC	
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Principal Place of Business 110 SOUTH SEWALL'S POINT ROAD STUART, FL 34996 US	Mailing Address 110 SOUTH SEWALL'S POINT ROAD STUART, FL 34996 US
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DO NOT WRITE IN THIS SPACE



04112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0733670	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMB, STUART M JR 110 SOUTH SEWALL'S POINT ROAD STUART, FL 34996
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**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

U000000757392
05/23/07-80068-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACK SHEEP HOLDINGS LIMITED PARTNERSHIP 110 SOUTH SEWALL'S POINT ROAD STUART, FL 34996
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**DO NOT WRITE
IN THIS SPACE**

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:  **Apr 10 07 / 112 781 4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____