

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000016340

1. Entity Name

BLACK SHEEP INVESTMENT SUB 2, LLC



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



04172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0733679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMB, STUART M JR
110 SOUTH SEWALL'S POINT ROAD
STUART, FL 34996

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BLACK SHEEP HOLDINGS LIMITED PARTNERSHIP
STREET ADDRESS 110 SOUTH SEWALL'S POINT ROAD
CITY-ST-ZIP STUART, FL 34996

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000936160
05/23/08-80099-024 138.75

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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 _____

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

STUART LAMB

28 Apr 08

772-287-0651

Date

Daytime Phone #