


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 29, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # L02000030289</b>					
1. Entity Name <b>BLACKROCK CONSTRUCTION LLC</b>					
Principal Place of Business <b>3433 FIRST AVENUE FERNANDINA BEACH FL 32034</b>			Mailing Address <b>3433 FIRST AVENUE FERNANDINA BEACH FL 32034</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>16-1639196</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CLARK, HORACE B III 3433 FIRST AVENUE FERNANDINA BEACH FL 32034</b>				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2004</b></p>					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES		
NAME	CLARK, HORACE B IV		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3822 POINCIANA BLVD		U000000020561		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		01/29/04-80071-013 50.00		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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: HORACE B. CLARK IV

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

1/26/04

904 591 9810

Date Daytime Phone #