

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90078 007 ****50.00

DOCUMENT # L02000033187

1. Entity Name
BLACKBIRD EXCHANGE, LLC



Principal Place of Business

**4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418**

Mailing Address

**4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418**



02202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANDT, PHILLIP
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CONGRESS AVE. PROPERTIES, LTD.
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GALUI, JUDITH
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
STEPHANOS, DIANE
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FLOYD, CATHY
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DIVOSTA, GUY
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Diane Stephanos*

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

Date

4-8-04

Daytime Phone #

561/691-9050

Diane Stephanos

Diane