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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 SEP 17 P 2:19

SEC 34008966 STATE
TALLAHASSEE, FLORIDA

05112004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000009171

1. Entity Name
BLACK GOLD MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
5750 FRUITVILLE RD. SARASOTA, FL 34232	5750 FRUITVILLE RD. SARASOTA, FL 34232

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: 522274862 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGINNESS, W. LEE
1900 SECOND ST., STE. 971
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
Name: Luella M. Crofut
Street Address (P.O. Box Number is Not Acceptable): 5750 FruiTville Rd
City: SARASOTA FL Zip Code 34232

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.
M. 5750 FRuiTuille Rd SARASOTA, Fl 34232
SIGNATURE: Luella Crofut, manager 5-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Byron CROFUT, MANager - 5750 FruiTville Rd SARasota, Fl 34232

Filing Fee is $50.00
Due by September 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MM Luella CROFUT. 5750 FruiTville Rd 5-28-04 SARASOTA, Fl 34232 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MM Byron CROFUT 5750 FruiTville 5-28-04 SARASOTA, Fl 34232 ☐ 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
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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.

Luella M. CROFUT - MANAGer
SIGNATURE: Luella M. Crofut, Manager 5-28-04 941 371-2132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #