

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010634

Entity Name: BLACK ROCK, L.L.C.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 50553  
LIGHTHOUSE POINT, FL 33074 US

**New Principal Place of Business:**

1925 NW 18TH STREET  
POMPANO BEACH, FL 33069 US

**Current Mailing Address:**

P.O. BOX 5814  
POMPANO BEACH, FL 33074 US

**New Mailing Address:**

FEI Number: 36-4527120      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HYNES, HELEN M  
1925 N.W. 18TH ST.  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

HYNES, H P  
1925 N.W. 18TH ST.  
POMPANO BEACH, FL 33069 US

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.

SIGNATURE: H P HYNES

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WATERFORD HOLDING LTD.  
Address: P.O. BOX 5814  
City-St-Zip: POMPANO BEACH, FL 33074

Title: MGR ( ) Delete  
Name: HYNES, PATRICIA H  
Address: 1925 NW 18TH ST  
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WATERFORD HOLDING LTD.  
Address: 1925 NW 18TH STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: H P HYNES

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date