

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90407 018 ***138.75

DOCUMENT # L03000016329

1. Entity Name
BLACKHAWK PARTNERS, LLC



Principal Place of Business
**2840 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065**

Mailing Address
**2840 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065**

DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
05-0578072

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILLESPIE, REES B III
1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432**

**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 MGR
NAME MARTZ ENTERPRISES, INC. PROFIT SHARING PLN
STREET ADDRESS 2840 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE MGRM
NAME LEVINE, DAVID
STREET ADDRESS 2840 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

2-26-08