

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000021348

1. Entity Name
BLACKWATER PICTURES, LLC



Principal Place of Business

**1910 HARDEN BLVD
SUITE 105
LAKELAND, FL 33803**

Mailing Address

**1910 HARDEN BLVD
SUITE 105
LAKELAND, FL 33803**



02072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0039648

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NFOCUS VISUAL COMMUNICATIONS, INC.
1910 HARDEN BLVD
SUITE 105
LAKELAND, FL 33803**

**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, 2006**

U00000429395
02/22/06-80006-012 50.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
NFOCUS VISUAL COMMUNICATION, INC.
1910 HADEN BLVD, SUITE 105
LAKELAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
PORTER, MATTHEW
1910 HARDEN BLVD, SUITE 105
LAKELAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Robert Tritton, NFocus 2-7-06 863-688-4500