

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036270

FILED
Apr 02, 2009
Secretary of State

Entity Name: BLACKBUSH STAR, L.L.C.

Current Principal Place of Business:

1419 5TH ST
STE A
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1419 5TH ST
STE A
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-2645493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, IAN
1419 5TH ST
STE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLACK, IAN
Address: 1419 5TH STE ST A
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: CLS FAMILY PARTNERSHIP LP
Address: 4134 GULF OF MEXICO DRIVE, STE. 301
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGRM () Delete
Name: BUSH, MICHAEL
Address: 741 CENTRAL AVE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CLS FAMILY PARTNERSHIP LP
Address: P O BOX 8925
City-St-Zip: LONGBOAT KEY, FL 34228

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: IAN BLACK

MGRM

04/02/2009

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