## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Jan 22, 2007 8:00 am Secretary of State **DOCUMENT # L03000036624** 1. Entity Name BLACKWATCH FARMS, LLC 01-22-2007 90152 004 \*\*\*\*50.00 Mailing Address Principal Place of Business **BUUU401**0 40 EAST 52ND STREET 12076 POLO CLUB ROAD 23RD FLOOR WELLINGTON, FL 33414 NEW YORK, NY 10022 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 555 Madison Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FFI Number New ( NY 65-1205437 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired New York Fee Required 0033 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. \* TALLAHASSEE, FL 32301 Zip Code 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change HIRSCH, NEIL S NAME NAME 555 Madison Avenue 29th Floor STREET ADDRESS 12076 POLO CLUB RD. STREET ADDRESS CITY-ST-ZIP New York NY 10022 WELLINGTON, FL 33414 CITY-ST-7IP TITLE TITLE ☐ Delete Change Addition NAME RAPPAPORT, STEVEN N NAME 555 madison Avenue 29th Floor STREET ADDRESS 40 EAST 52ND ST. STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP NY 10022 TITLE Delete TITLE ZIMMERMANN, ALAN L NAME NAME SSS Madison Avenue 29th Floor New York NY 10022 STREET ADDRESS 40 EAST 52ND ST. STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 reverver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

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

FILED

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Date

Daytime Phone #