2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000047230

1. Entity Namo



FILED Mar 01, 2007 08:00 AM Secretary of State

BLACKBURN BROTHERS CONSTRUCTION, LLC				
Principal Place of Business 16915 SE 115TH AVENUE WEIRSDALE FL 32195281		Mailing Addross 16915 SE 115TH AVENUE WEIRSDALE FL 32195281		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suito, Apt #, etc.		Suito, Apt. #, otc.		1st MOORE CR2E083 (10/06)
City & Stato		City & Stato		4. FEI Number Applied For Not Applicable
Zìp ,	Country	Zip	Country	5. Cortificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
169	ACKBURN, KEVIN W 15 SE 115TH AVENUE		Street Addres	ss (P.O. Box Number is Not Acceptable)
WE	IRSDALE FL 32195281			
		•	City	FL 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 life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS Make Check Payable to Florida [to Florida Departm	i
	ALAMA OIM O MEMO		By May 1, 2007	ADDITIONIC (CHANGE)
9. 11111,	MANAGING MEMBI	EHS/MANAGEHS	10.	ADDITIONS/CHANGES Change Addition
NAMI.	BLACKBURN, KEVIN W		NAMI	ordings runnon
STRLET ADOPESS	16915 SE 115TH AVENUE		STREET ADDRESS	Unnnnes2361
CITY-SI-7IP	WEIRSDALE FL 32195-2813	<u> </u>	CHY-ST-7IP	U00000652361
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STREET ADDRESS	<u>}</u>		STREET ADDRESS	
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NAME		<u> </u>	NAMI.	
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Ctry-SI-7IP			CITY-ST-ZIP	
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11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under early; that I am a managing member or manager of the limited liability company or the receiver or flustee empowered to execute this report as required by Chapter 608. Florida Statutes

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