2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000052065

Entity Name
 BLACKBURN POINT MARINA VILLAGE, LLC



FILED Mar 03, 2006 08:00 AM Secretary of State

Principal Place of Business

1905 BAYWOOD DRIVE SARASOTA, FL 34231 Mailing Address

1905 BAYWOOD DRIVE SARASOTA, FL 34231



01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1081830 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

MESSICK, ROBERT E ESQ. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

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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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, DANA A 117 LIBERTY STREET UNIT 1 DANVERS, MA 01923
THILE HAME STREET ADDRESS CITY-ST-ZIP	MGRM DANEHY, PAUL R
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVINE, DAVID M 8 PAT DRIVE DANVERS, MA 01923
TITLE NAME STREET ACCRESS GITY-ST-ZIP	MGRM VENGROFF, HARVY 5135 RIVERWOOD AVENUE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
THRE MAME STREET ADDRESS	

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INCST-ZIP

1. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

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 cath; 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: KOSE HONATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-22-06

Daytima Phone #