

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000014666**

1. Entity Name

**BLACKPOINT & BISON DEVELOPMENT, LLC**



Principal Place of Business

**449 CENTRAL AVENUE, SUITE 204  
ST. PETERSBURG FL 33701**

Mailing Address

**449 CENTRAL AVENUE, SUITE 204  
ST. PETERSBURG FL 33701**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-0771415**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

**REPKA, DAVID  
449 CENTRAL AVENUE, SUITE 204  
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGR** ☐ Delete  
NAME: **REPKA, DAVID D MGR**  
STREET ADDRESS: **449 CENTRAL AVE. #204**  
CITY-STATE-ZIP: **ST. PETERSBURG FL 33701**

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:  
**U000000596165  
01/23/07-80068-010 55.00**

TITLE: ☐ Change ☐ Addition  
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CITY-STATE-ZIP:

11. I hereby 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 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:**

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

**01-18-2007**

Date

**727-389-4400**

Daytime Phone #