2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000019850

1. Entity Name BIG/BLACKWATER, LLC

STREET ADDRESS CITY-ST-ZIP

223RQCA T33RTZ

CITY-ST-ZIP

TITLE

4/26/2

FILED Aug 12, 2005 8:00 am Secretary of State 04-26-2005 90016 019 ****50.00

Change Addition

			1	900 EN TO					
Principal Plac	e of Business	Mailing Address			7				
4828 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503		4828 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503					30010	0640	
ı								1918) HERE 2007 A)
Principal Place of Business		3. Mailing Address							
Suile, Apt. #, etc.		Suite, Apt. #, erc.		04192005	Chg-LLC	CR2E	083 (10/03)		
City & State		City & State		4. FEI Number		P.5		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Ro	egistered	Agent	
				Name					
4828 NOR	IBERG, BRYAN I TH DAVIS HIGHWAY DLA, FL 32503		Street Address		(P.O. Box Number	er is Not Acceptable)		
	- • • • • • • • • • • • • • • • • • • •							,	
			City				FL	Zip Cod	io
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registere	d office or registe	ored agant, or bot	th, in the State of Flo	rlda. I am	lamiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	the Harrier able (MCTE	- Back to ad	Agent Signature require	of solver (Meditations)		DATE		
	20mme When a busing immed to be many of the	The state of the s		701 27 22 1 10 22 1					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State					
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	<u> </u>	
TITLE	MGRM	Deleta	ITTLE					Change	Addition .
NAME	GERSTENBERG, BRYAN I		HAME	T ADDRESS					
STREET ADDRESS CUTY-ST-DP	4828 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503			ST-ZIP					
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CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE	1	☐ Certera	IITLE					Change	☐ Addition

CITY-ST-ZIP 13. Thereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i). 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 cash; 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.

STREET ADDRESS

CITY-ST-ZIP

MILE

NAME STREET ADDRESS

☐ Delete

SIGNATURE: 3	4/20/05	350 477-8669	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytine Phone #	