

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000040971

1. Entity Name
ERIC P. BLACK LLC



Principal Place of Business
**15 WILL RD.
CRAWFORDVILLE, FL 32305**

Mailing Address

**15 WILL RD.
CRAWFORDVILLE, FL 32305**

2. Principal Place of Business
15 Will rd.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State
Crawfordville fl.

City & State

Same

Zip
32327

Country
WAKUUA

Zip

Same

Country
Same

03222005 Chg-LLC CR2E083 (10/03)

4. FEI Number
06-1726356

Applied For
Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACK, ERIC P
15 WILL RD.
CRAWFORDVILLE, FL 32327**

7. Name and Address of New Registered Agent

Name
Eric P. Black

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

15 Will rd

City
Crawfordville fl. FL Zip Code
32327

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 *Eric P. Black*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/25/05*

**Filing Fee is \$50.00
Due by May 15, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACK, ERIC P 15 WILL RD. CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Eric P. Black*

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

4/25/05 850-926-2963

Date

Daytime Phone #

**FILED
May 11, 2005 8:00 am
Secretary of State**

05-11-2005 90030 020 ****50.00