

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048979

Entity Name: BLACK GROUPER, L.L.C.

FILED  
Jun 10, 2005  
Secretary of State

## Current Principal Place of Business:

809 FLEMING STREET, REAR  
KEY WEST, FL 33040

## New Principal Place of Business:

## Current Mailing Address:

809 FLEMING STREET, REAR  
KEY WEST, FL 33040

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

COVAN, DIANE T ESQ.  
1901 FOGARTY AVE.  
SUITE #1  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

COVAN, DIANE T  
1901 FOGARTY AVE.  
SUITE #1  
KEY WEST, FL 33040 US

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.

SIGNATURE: DIANE T COVAN

06/10/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PHILLIPS, MARK  
Address: 809 FLEMING STREET, REAR  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: PHILLIPS, BROOKS  
Address: 809 FLEMING STREET, REAR  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK PHILLIPS

MGRM

06/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date