2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065502

P.O. BOX 2884

LAKE CITY, FL 32056

Address:

City-St-Zip:

Entity Name: BLACKBERRY CAPITAL, LLC

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 278 SW HAMLET CIRCLE LAKE CITY, FL 32024 **Current Mailing Address: New Mailing Address:** PO BOX 3566 LAKE CITY, FL 32056 FEI Number: 20-1576970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPARKS, CHARLES S 278 SW HAMLET CIRCLE LAKE CITY, FL 32024 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete STEWART, CHAD & JONI Name: Name: P.O. BOX 742 Address: Address: City-St-Zip: LAKE CITY, FL 32056 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SPARKS, CHARLES & SAND Name: Address: P.O. BOX 3566 Address: City-St-Zip: LAKE CITY,, FL 32056 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HUBER, ABRAM & ANGELA Name: Name: Address: P.O. BOX 932 Address: City-St-Zip: LAKE CITY, FL 32056 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NICKELSON, AARON & MEGHAN Name: Name: Address: P.O. BOX 304 Address: City-St-Zip: LAKE CITY, FL 32056 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SPARKS, CHARLES & RACH Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: CHAD STEWART MGRM 01/18/2006