


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90015 035 \*\*\*\*50.00

<b>DOCUMENT # L04000083842</b>	
1. Entity Name <b>BLACKBURN LLC</b>	

Principal Place of Business <b>7316 CHESTERHILL CIRCLE MOUNT DORA, FL 32757</b>	Mailing Address <b>4400 NORTH HIGHWAY 19A 6 MOUNT DORA, FL 32757</b>
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2. Principal Place of Business <b>4400 N. HWY 19-A</b>	3. Mailing Address
Suite, Apt. #, etc. <b>#6</b>	Suite, Apt. #, etc.
City & State <b>Mount Dora, FL</b>	City & State
Zip <b>32757</b>	Country <b>USA</b>



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PARADIS, DEBRA L 7316 CHESTERHILL CIRCLE MOUNT DORA, FL 32757</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARADIS, DEBRA L 7316 CHESTERHILL CIRCLE MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARADIS, Debra L. 4400 N. HWY 19-A, Suite 6 Mount Dora, FL 32757 <input checked="" 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
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
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
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
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:**

*Debra L. Paradis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Debra L. Paradis

4/4/05

352-483-2246  
Daytime Phone #