

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029296

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

**Entity Name:** BLACKBOOKS STENCILS, LLC

**Current Principal Place of Business:**

203 SW 7TH AVE  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

203 SW 7TH AVE  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 86-1132893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

BLACK, ANDREW D MR.  
241 WEST TROPICAL WAY  
PLANTATION, FL 33317 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: ANDREW D. BLACK

01/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BLACK, ANDREW  
Address: 501 E TROPICAL WAY  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: VP ( ) Delete  
Name: BISCHOF, DARIN  
Address: 501 E TROPICAL WAY  
City-St-Zip: FORT LAUDERDALE, FL 33317

**ADDITIONS/CHANGES:**

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

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

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.

SIGNATURE: DARIN BISCHOF

VP

01/18/2007

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