

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90017 014 ****50.00

DOCUMENT # L05000035342 1. Entity Name BLACKFIN PROPERTIES & INVESTMENTS LLC					
Principal Place of Business 4300 N. UNIVERSITY DR. D-103 LAUDERHILL, FL 33351			Mailing Address 4300 N. UNIVERSITY DR. D-103 LAUDERHILL, FL 33351		
2. Principal Place of Business 1700 NW 66 AVE Suite, Apt. #, etc. # 102		3. Mailing Address 1700 NW 66 AVE Suite, Apt. #, etc. # 102			
City & State Plantation, FL		City & State Plantation, FL		4. FEI Number 52-2458812	
Zip 33313		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, WILLIAM M 4300 N. UNIVERSITY DR. D-103 LAUDERHILL, FL 33351			7. Name and Address of New Registered Agent Name William M. Murphy Street Address (P.O. Box Numbers Not Acceptable) 1700 NW 66 AVE # 102 City Plantation FL Zip Code 33313		
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 <u><i>William M. Murphy</i></u> William M. Murphy, Mgr DATE 4/4/06 <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MURPHY, WILLIAM M 4300 N. UNIVERSITY DR. LAUDERHILL, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR William M. Murphy 1700 NW 66 AVE # 102 Plantation, FL 33313	<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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>William M. Murphy</i></u> William Murphy			Date 4/4/06 Daytime Phone # (954) 746-2221		