

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052230

FILED
Apr 24, 2006
Secretary of State

Entity Name: BLACKWOOD PROPERTIES, LLC

Current Principal Place of Business:

120 NW CROWN POINT ROAD
SUITE 101
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

120 NW CROWN POINT ROAD
SUITE 101
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-2926830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASHBURN, ERIC S ESQUIRE
102 E. MAPLE STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: HOLDER, SCOTT D
Address: 120 NW CROWN POINT ROAD, SUITE 101
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR () Delete
Name: HOLDER, MARC R
Address: POST OFFICE BOX 161726
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: MGR () Delete
Name: HOLDER, DUANE A
Address: 5000 SW 170TH AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

ADDITIONS/CHANGES:

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

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: SCOTT D. HOLDER

MGR

04/24/2006

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