

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000059926**

1. Entity Name

BLACKWATER HORSE RANCH, L.L.C.



Principal Place of Business

32839 WEBBS WAY  
SORRENTO, FL 32776

Mailing Address

32839 WEBBS WAY  
SORRENTO, FL 32776

**DO NOT WRITE IN THIS SPACE**



04012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3059460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE

MGR

NAME

QUINN, JAMES E

STREET ADDRESS

32839 WEBBS WAY

CITY-ST-ZIP

SORRENTO, FL 32776

TITLE

MGR

NAME

QUINN, JOAN

STREET ADDRESS

32839 WEBBS WAY

CITY-ST-ZIP

SORRENTO, FL 32776

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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NAME

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000000692340  
04/13/07-80043-004 50.00

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #