

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90202 045 \*\*\*\*50.00

**DOCUMENT # L05000070462**

**1. Entity Name**  
**BLACKROCK COVE, LLC**



**Principal Place of Business**  
474423 EAST S. R. 200  
FERNANDINA BEACH, FL 32034 US

**Mailing Address**  
474423 EAST S. R. 200  
FERNANDINA BEACH, FL 32034 US

**60013280**



01242007 Chg-LLC CR2E083 (12/06)

**2. Principal Place of Business - No P.O. Box #**  
474425 East S.R. 200  
Suite, Apt. #, etc.

**3. Mailing Address**  
474425 East S.R. 200  
Suite, Apt. #, etc.

**City & State**  
Fernandina Beach, FL

**City & State**  
Fernandina Beach, FL

**Zip**  
32034

**Country**  
US

**Zip**  
32034

**Country**  
US

**4. FEI Number**  
57-1224071

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

POOLE, WESLEY R  
303 CENTRE STREET  
SUITE 200  
FERNANDINA BEACH, FL 32034

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City** **FL** **Zip Code**

**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**

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

MGRM  
MYERS, JOHN E  
2863 SEMINOLE AVENUE  
FERNANDINA BEACH, FL 32034

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

MGRM  
VANPUYBROUCK, ROBERT L TRUSTEE  
96335 HIGH POINT DRIVE  
FERNANDINA BEACH, FL 32034

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**10. ADDITIONS/CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☒ Change ☐ Addition

474425 East S.R. 200  
Fernandina Beach, FL 32034

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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:** *Wan Puybrouck*

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

*1/24/07 (901) 277-2465*

**Date**

**Daytime Phone #**