


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000070462 1. Entity Name BLACKROCK COVE, LLC |  |
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| Principal Place of Business 474425 EAST S.R. 200 FERNANDINA BEACH, FL 32034 US | Mailing Address 474425 EAST S.R. 200 FERNANDINA BEACH, FL 32034 US |
|--|--|



01042008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 57-1224071 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent POOLE, WESLEY R 303 CENTRE STREET SUITE 200 FERNANDINA BEACH, FL 32034 |
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**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000783042
01/15/08-80099-011 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MYERS, JOHN E 2863 SEMINOLE AVENUE FERNANDINA BEACH, FL 32034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VANPUYMBROUCK, ROBERT L TRUSTEE 474425 EAST S. R. 200 FERNANDINA BEACH, FL 32034 |
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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:

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

Date

Daytime Phone #