

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073571

FILED  
Jul 05, 2006  
Secretary of State

**Entity Name:** BLACK GOLD OF NORTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

2755 FENWICK ROAD  
PENSACOLA, FL 32526

**New Principal Place of Business:**

106 STONE BLVD  
CANTONMENT, FL 32533

**Current Mailing Address:**

2755 FENWICK ROAD  
PENSACOLA, FL 32526

**New Mailing Address:**

106 STONE BLVD  
PENSACOLA, FL 32533

**FEI Number:** 20-3842052      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MOORHEAD, STEPHEN R  
25 WEST GOVERNMENT STREET  
PENSACOLA, FL 32502    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: RAWSON, CODY  
Address: 2755 FENWICK ROAD  
City-St-Zip: PENSACOLA, FL 32526

Title: MGR      ( ) Delete  
Name: WEAVER, RUSSELL  
Address: 2755 FENWICK ROAD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: RAWSON, CODY  
Address: 106 STONE BLVD  
City-St-Zip: CANTONMENT, FL 32533

Title: MGR      (X) Change ( ) Addition  
Name: WEAVER, RUSSELL  
Address: 106 STONE BLVD  
City-St-Zip: CANTONMENT, FL 32533

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: CODY RAWSON

MGR

07/05/2006

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