

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000076716

Entity Name: BLACKCREEK INVESTORS, LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

414 OLD HARD ROAD, SUITE 201  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

414 OLD HARD ROAD, SUITE 502  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

414 OLD HARD ROAD, SUITE 201  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

414 OLD HARD ROAD, SUITE 502  
FLEMING ISLAND, FL 32003

FEI Number: 20-3251628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, FRANK E  
245 RIVERSIDE AVENUE, SUITE 400  
JACKSONVILLE, FL 32202 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: MGRM  
Name: WOOD, JAMES R MGRM  
Address: 414 OLD HARD ROAD, SUITE 502  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: VP/S  
Name: WOOD, SUSAN D VP  
Address: 414 OLD HARD ROAD, SUITE 502  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: T  
Name: EDWARDS, JR, MABRY CFO  
Address: 414 OLD HARD ROAD, SUITE 502  
City-St-Zip: FLEMING ISLAND, FL 32003 US

I hereby 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: MABRY EDWARDS, JR., CFO

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04/27/2010

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