

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079335

FILED
May 04, 2006
Secretary of State

Entity Name: BLACKWATER SOUND REAL ESTATE GROUP LLC

Current Principal Place of Business:

743 NW 6TH STREET
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

743 NW 6TH STREET
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-3300851 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:

Name and Address of New Registered Agent:

PERKO, PHILIP J
743 NW 6TH STREET
BOCA RATON, FL 33486 US

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 () Delete
Name: PERKO, PHILIP J
Address: 743 NW 6TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: PERKO, SUSAN P
Address: 743 NW 6TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: PERKO, JACK
Address: 6285 MANOR ESTATES DRIVE
City-St-Zip: CUMMING, GA 30040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHIL PERKO

MGRM

05/04/2006

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