

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000079335

1. Entity Name
BLACKWATER SOUND REAL ESTATE GROUP LLC



Principal Place of Business
**743 NW 6TH STREET
BOCA RATON, FL 33486**

Mailing Address
**743 NW 6TH STREET
BOCA RATON, FL 33486**



01102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3300851

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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**

U000000337397
03/04/08-80055-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PERKO, PHILIP J
STREET ADDRESS	743 NW 6TH STREET
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	MGRM
NAME	PERKO, SUSAN P
STREET ADDRESS	743 NW 6TH STREET
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	MGRM
NAME	PERKO, JACK
STREET ADDRESS	6285 MANOR ESTATES DRIVE
CITY - ST - ZIP	CUMMING, GA 30040
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

PHILIP PERKO 2-18-08 954-873-3709