

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000087423

Entity Name: BLACKACRES RANCH, LLC

**FILED**  
**Aug 08, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1515 WILDRIDGE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

1515 WILDRIDGE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 20-3447403      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:**

MONGOVEN, MARSHA  
1515 WILDRIDGE  
LYNN HAVEN, FL 32444      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MM ( ) Change (X) Addition  
Name: MONGOVEN, MARSHA MM  
Address: 1515 WILDRIDGE RD.  
City-St-Zip: LYNN HAVEN, FL 32444

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: MARSHA MONGOVEN

MM

08/08/2006

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