

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100625

FILED
Sep 05, 2006
Secretary of State

Entity Name: BLACKWATER LAND SERVICE'S, LLC

Current Principal Place of Business:

6463 KYLITO CIRCLE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

8800 DEATON BRIDGE ROAD
HOLT, FL 32564

New Mailing Address:

FEI Number: 20-3608941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HOLLEY, BUDDY A
8800 DEATON BRIDGE ROAD
HOLT, FL 32564 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: HOLLEY, BUDDY A
Address: 8800 DEATON BRIDGE ROAD
City-St-Zip: HOLT, FL 32564

Title: MGRM () Delete
Name: CARR, ROBERT E JR
Address: 8800 DEATON BRIDGE ROAD
City-St-Zip: HOLT, FL 32564

Title: MGRM () Delete
Name: HOLLEY, CHRISTOPHER R
Address: 8800 DENTON BRIDGE ROAD
City-St-Zip: HOLT, FL 32564

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: BUDDY A HOLLEY

MGRM

09/05/2006

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