

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003047

FILED
Jan 16, 2008
Secretary of State

Entity Name: BLACK ROCK CROSSING, LLC

Current Principal Place of Business:

13609 EMERALD COVE CT.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

13508 ISLA VISTA DR.
JACKSONVILLE, FL 32224 US

Current Mailing Address:

13609 EMERALD COVE CT.
JACKSONVILLE, FL 32225 US

New Mailing Address:

13508 ISLA VISTA DR.
JACKSONVILLE, FL 32224 US

FEI Number: 20-4118676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOUEIN, ELIAS
13609 EMERALD COVE CT.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

ZOUEIN, ELIAS
13508 ISLA VISTA DR.
JACKSONVILLE, FL 32224 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: ELIAS ZOUEIN

01/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ERGISI, DAVID
Address: 782 SHIPWATCH DR. E.
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM () Delete
Name: ZOUEIN, ELIAS
Address: 13609 EMERALD COVE CT.
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ZOUEIN, ELIAS
Address: 13508 ISLA VISTA DR.
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby certify that the information supplied with this filing does not qualify 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: ELIAS ZOUEIN

MGRM

01/16/2008

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