

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035754

FILED  
Aug 18, 2008  
Secretary of State

Entity Name: BLACK PEARL LLC

**Current Principal Place of Business:**

4260 NW FIRST AVENUE, STE. 49  
BOCA RATON, FL 33431

**New Principal Place of Business:**

5014 BLUE HERON WAY  
BOCA RATON, FL 33431

**Current Mailing Address:**

4260 NW FIRST AVENUE, STE. 49  
BOCA RATON, FL 33431

**New Mailing Address:**

5014 BLUE HERON WAY  
BOCA RATON, FL 33431

FEI Number: 20-4652540      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:**

CARNRICK, PAUL  
4260 NW FIRST AVENUE, STE. 49  
BOCA RATON, FL 33431      US

**Name and Address of New Registered Agent:**

CARNRICK, PAUL  
5014 BLUE HERON WAY  
BOCA RATON, FL 33431      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: PAUL CARNRICK

08/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P      ( ) Delete  
Name: CARNRICK, PAUL  
Address: 5014 BLUE HERON WAY  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

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

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: PAUL CARNRICK

P

08/18/2008

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