

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054117

FILED
Apr 23, 2007
Secretary of State

Entity Name: BLACK AND ASSOCIATES, LLC.

Current Principal Place of Business:

300 E OAKLAND PARK BLVD.
SUITE 379
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

3115 NW 10 TERRACE
SUITE 103
OAKLAND PARK, FL 33309 US

Current Mailing Address:

300 E OAKLAND PARK BLVD.
SUITE 379
OAKLAND PARK, FL 33334 US

New Mailing Address:

FEI Number: 20-4942025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLACK, ANTHONY P SR
300 EAST OAKLAND PARK BLVD.
SUITE 379
OAKLAND PARK, FL 33334 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: MGRM () Delete
Name: BLACK, ANTHONY P SR.
Address: 300 EAST OAKLAND PARK BLVD.
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: MGRM () Delete
Name: BLACK, KRISTIN M
Address: 300 EAST OAKLAND PARK BLVD.
City-St-Zip: OAKLAND PARK, FL 33334 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BLACK, KRISTIN M
Address: 300 EAST OAKLAND PARK BLVD.
City-St-Zip: OAKLAND PARK, FL 33334 US

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: ANTHONY P BLACK, SR.

MGRM

04/23/2007

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