

FILED
Jan 17, 2007 8:00 am
Secretary of State

DOCUMENT # L06000068702		
1. Entity Name BLACKWOOD & GOLDMAN DESIGN GROUP, LLC		
Principal Place of Business 611 PONCE DE LEON DRIVE, SUITE 2 FT. LAUDERDALE, FL 33316	Mailing Address 611 PONCE DE LEON DRIVE, SUITE 2 FT. LAUDERDALE, FL 33316	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
6. Name and Address of Current Registered Agent		Name
KROOP & SCHEINBERG, P.A. 800 WEST AVENUE, SUITE C-A MIAMI BEACH, FL 33139		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ETHAN R. GOLDMAN 611 PONCE DE LEON DR #2 FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate, and that my signature shall have the same legal effect as if limited liability company, or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S.		
SIGNATURE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		