

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000092605

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** BLACKMAN PROPERTIES, LLC

**Current Principal Place of Business:**

6601 SPARTA ROAD  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1824  
SEBRING, FL 33871

**New Mailing Address:**

**FEI Number:** 20-5591995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERT E. LIVINGSTON, P.A.  
445 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 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  
**Name:** BLACKMAN, J. TIMOTHY  
**Address:** POST OFFICE BOX 1824  
**City-St-Zip:** SEBRING, FL 33871

**Title:** D  
**Name:** BLACKMAN, MARTILE  
**Address:** POST OFFICE BOX 1824  
**City-St-Zip:** SEBRING, FL 33871

I hereby 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:** J. TIMOTH BLACKMAN

MGRM

03/10/2011

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