


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90053 023 *****50.00

DOCUMENT # L06000101812			
1. Entity Name BLACKSHEEP ENTERPRISE LLC			
Principal Place of Business 1905 W NORTH A STREET TAMPA FL 33606 US		Mailing Address 1905 W NORTH A STREET TAMPA FL 33606 US	
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	Country



1st MOORE CR2E083 (10/06)

4. FEI Number 65-1294754	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent SCHOMAKER, ROBERT R 1905 W NORTH A STREET TAMPA FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Robert R Schomaker* DATE **01/19/2007**
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR SCHOMAKER, ROBERT R 1905 W NORTH A STREET TAMPA FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Robert R Schomaker* DATE **01/19/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE