

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000003995

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** BLACKFRIARS INVESTMENTS, LLC

**Current Principal Place of Business:**

90 SE 4TH AVENUE  
SUITE #1  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

90 SE 4TH AVENUE  
SUITE #1  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 20-8455078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLACKFRIARS MANAGEMENT US LLC  
90 SE 4TH AVE  
SUITE 1  
DELRAY BEACH, FL 33483 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:** MGR  
**Name:** BLACKFRIARS MANAGEMENT US, LLC  
**Address:** 90 SE 4TH AVENUE, SUITE #1  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** MGR  
**Name:** CLIFFORD, MALORY P  
**Address:** 90 SE 4 AVE, STE 1  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** MGR  
**Name:** CLIFFORD, HOLLY  
**Address:** 90 SE 4 AVE, STE 1  
**City-St-Zip:** DELRAY BEACH, FL 33483

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:** MALORY CLIFFORD

MGR

04/23/2011

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