


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90032 026 ***138.75

DOCUMENT # L07000027602					
1. Entity Name BLACK ON BLACK RHYME L.L.C.					
Principal Place of Business 1271 E ORANGE AVE TALLAHASSEE, FL 32310 US			Mailing Address 1271 E ORANGE AVE TALLAHASSEE, FL 32310 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	04302008 Chg-LLC CR2E083 (12/06)	
4. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAWYERR, AKINBIYI O 843 ALDERMAN ROAD # 274 JACKSONVILLE, FL 32211			Name <u>Keith Rodgers</u> Street Address (P.O. Box Number is Not Acceptable) <u>1271 E. Orange Ave.</u> <u>Tallahassee</u> City <u>Tallahassee</u> FL Zip Code <u>32301</u>		
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 <u>Keith Rodgers</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>4-30-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODGERS, KEITH 1271 E ORANGE AVE TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAWYERR, AKINBIYI O 843 ALDERMAN ROAD # 274 JACKSONVILL, FL 32211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 <u>Keith Rodgers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4-30-08</u> Daytime Phone # <u>850-459-7399</u>		