2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045317

Entity Name: BLACK CUILLEN PROPERTIES, LLC

1356 WILLOW BRANCH AVENUE

JACKSONVILLE, FL 32205 US

Address:

City-St-Zip:

FILED May 04, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|---------------------------------|---|--|
| 1356 WILL | LOW BRANCH A | AVENUE | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | STORE GARET STREE IVILLE, FL 3220 | | | |
| FEI Number | : 20-8989017 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| 1356 WILL | MICHAEL H LOW BRANCH / IVILLE, FL 3220 | | | |
| | e named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its register | red office or registered agent, or both, |
| SIGNATU | RE: | | | |
| | Electroni | c Signature of Registered Age | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | GARBEE, MICHA | BRANCH AVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | MGR () MARTI-GARBEE | Delete , YVONNE E | Title: Name: | () Change () Addition |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL GARBEE MGR 05/04/2009