

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055768

FILED
Apr 22, 2008
Secretary of State

Entity Name: THE BLACKWATER INVESTGATIONS GROUP LTD. CO.

Current Principal Place of Business:

1114 BEACHUM DR.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1538 S. YANK ST.
LAKEWOOD, CO 80228

New Mailing Address:

106 WHITE AVE. SE
SUITE C
LIVE OAK, FL 32064

FEI Number: 26-1688998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEADER, MELVIN
1114 BEACHUM DR.
TALLAHASSEE, FL 32301 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 () Delete
Name: BLOW, JUSTIN W
Address: 1538 S. YANK ST.
City-St-Zip: LAKEWOOD, FL 80228

Title: MGR () Delete
Name: LEADER, MELVIN III
Address: 1114 BEACHUM DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LEADER, MELVIN III
Address: 1114 BEACHUM DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Change (X) Addition
Name: SCHILLIG, MATT
Address: 5906 N OTIS AVE
City-St-Zip: TAMPA, FL 33604

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: JUSTIN W BLOW

CEO

04/22/2008

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