

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097142

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: BLACKACRE PROPERTIES, LLC

**Current Principal Place of Business:**

C/O ROBERT ALLEN MORRIS, JR., ESQ.  
129 N. MAIN STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBERT ALLEN MORRIS, JR., ESQ.  
129 N. MAIN STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

MORRIS, ROBERT A JR.  
129 N. MIAN STREET  
BROOKSVILLE, FL 34601    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:                      MORRIS, ROBERT A JR.  
Address:                      129 N. MAIN STREET  
City-St-Zip:                      BROOKSVILLE, FL 34601

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
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: ROBERT A. MORRIS                      MGRM                      04/22/2009

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