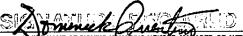
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M000000541 1. Entity Name BLACKSHEAR, LLC					FILED 01 MAY 17 AM ID: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 3823 OWENS ROAD 3823 OWENS ROAD YULEE FL 32097 YULEE FL 32097								
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.		•			DO NOT WRITE IN THIS SPACE			
City & State	City & State			4. FEIN			ólied For it Applicable	
Zip Country	Zip	Count	ry .	5. Certi		\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent			Name .	7. Nam	e and Address of New Registered A	igent		
DAVIS, WILLIAM H 3823 OWENS ROAD			Street Address	t Address (P.O. Box Number is Not Acceptable)				
YULEE FL 32097			City FL Zip Code					
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	Agent signature require	ed when reinstati		4US 0		
9. MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHANGES			
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP MGRM BERGREEN, BERNARD D 111 W. 50TH STREET NEW YORK NY 10020	☐ Delete		* .			☐ Change	☐ Addition	
TITLE MGRM NAME MOODY, NATALIE P STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10020	☐ Delete		l l			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		I			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with	☐ Delete	CITY-	E ET ADDRESS -ST-ZIP			Change	Addition	

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 mana limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



4-30-01 904-548-1033

CR2E083 (11/00)