

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000541

FILED
Apr 28, 2009
Secretary of State

Entity Name: BLACKSHEAR, LLC

Current Principal Place of Business:

581705 WHITE OAK ROAD
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

581705 WHITE OAK ROAD
YULEE, FL 32097 US

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:

DUNCAN, MARK
9022 SOUTHEAST 186TH PLACE
LAKE BUTLER, FL 32054 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: BERGREEN, BERNARD D
Address: 111 W. 50TH STREET, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10020 US

Title: MGRM () Delete
Name: MOODY, NATALIE P
Address: 111 W. 50TH STREET, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10020 US

Title: VP () Delete
Name: SORRENTINO, DOMINICK
Address: 581705 WHITE OAK RD
City-St-Zip: YULEE, FL 32097 US

Title: P () Delete
Name: GARRETT, VICTOR
Address: 581705 WHITE OAK RD
City-St-Zip: YULEE, FL 32097 US

Title: ST () Delete
Name: CROPPER, STEPHEN W
Address: 111 WEST 50TH ST, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10020

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

ADDITIONS/CHANGES:

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

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

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

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

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

Title: AS () Change (X) Addition
Name: LEVINE, HAROLD
Address: 111 WEST 50TH ST., 7TH FLOOR
City-St-Zip: NEW YORK, NY 10020

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: DOMINICK SORRENTINO

VP

04/28/2009

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