

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 APR -9 PM 5:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

**1 Name and Mailing Address of Limited Liability Company** **DOCUMENT # M97000000453**

**BLACKCAVE I, L.L.C.**  
 P.O. BOX 81322  
 MOBILE AL 36689

**1a. Principal Place of Business Address**

**3800 AIRPORT BLVD., SUITE 20**  
**MOBILE AL 36689**

<b>2 Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b>	<b>3a. State of Formation</b>
Suite, Apt. #, etc.		P.O. Box 81322		07/29/1997	AL
City & State		r		<b>4. FEI Number</b>	<input type="checkbox"/> Applied For
Zip		Mobile AL		72-1384584	<input type="checkbox"/> Not Applicable
Country		Zip	36689	<b>5. Date of Last Report</b>	<b>6. Certificate of Status Desired</b>
		Country	USA	11/16/1998	\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

**7. Name and Address of Current Registered Agent**

**CAVE, L.W.**  
 3204 NORTH PACE BLVD.  
 PENSACOLA FL 32505

**8. Name and Address of New Registered Agent/Office**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code **FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.

SIGNATURE: *[Signature]* DATE: 2-22-99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CAVE, L.W.	3800 AIRPORT BLVD.	MOBILE AL

5000002842389-5  
 -04/16/99--01080--003  
 \*\*\*\*197.50 \*\*\*\*197.50

**T.J.C. APR 15 1999**

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* 2-22-99 824343-1040