2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 08:00 Al Secretary of State

ANNUAL REPORT				Secretary of S	
DOCUMENT # L05000005096 1. Entity Name BLUE HILL, LLC				Secretary of S	
Principal Place P.O. BOX 770 NAPLES, FL	0277	Mailing Address P.O. BOX 770277 NAPLES, FL 34107		# 1881 101 01 90 01 91 188 88 88 8	NIIF ANIAL ANII NAIN NAIN TAFA NII ANI IR N
DO NOT WRITE IN THIS SPA			CE	04252007 No Chg-LLC 4. FEt Number 20-2175364 5. Certificate of Status Desired	CR2E083 (11/05) Applied For Not Applicable \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HANNAH, DOUGLAS 6632 TRAIL BLVD NAPLES, FL 34108			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statement for ions of registered agent. Signature typed or printed name of registered agent. Illing Fee is \$50.00 ue by May 1, 2007		ed office or register		da I am familiar with, and accept
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR HANNAH, DOUGLAS P.O. BOX 770277 NAPLES, FL 34107	ERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP) to contact	00740400

11. 1 hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 managing member or manager of the limited liability company or the receiver or trustee amboriered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME (
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/07

239/597-7900

Daytime Phone #

000000743199 05/15/07-80039-020 50.00