2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

ن همر	ANNUAL R	EPORT (AR)			
<ol> <li>Entity Name</li> </ol>				French & July Street	D
BLUERIDGE ACQUISITION COMPANY, LLC				05 FEB 10 P	м 12: 51
Principal Place of Business Mailing Address				00160	· STATE BEST
1546 PROGRESS RD. ELLIJAY GA 30540		ISTERBOGRESS DD.  ELLIJAY GA` 30540		SECRETARY I	PLUNDA MUH
44 ELEIDAT GA 30040			•	11 / 100	<b>&gt;</b>
Principal Place of Business     Mailing Address			<u> </u>		
2. Afficipal Made of Susiliess		3. Mailing Address B8X 507		1907   1917   1919   1111   1911   1912   1911   1914   1914   1914   1914   1914   1914   1914   1914   19	
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.		MOORE CR2E083 (11/03) 210	
City & State		City & State ECCISAY GA		4. FEI Number 62-1749362 Applied For Not Applied by	
Zip Country		Zip 305 40 Country SA		5. Certificate of Status Desired Special Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Re	
Name Taff OA NOO					
BARNEX MARK Street Address				(P.O. Box Number is Not Acceptable)	
HAL	LESME DRIVE #920 -				/ / / / / / / / / / / / / / / / /
	7		21	14 TORTOISE S	hell PRIVE
1			MA	itland	FL Zip Code 751
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of rejected them.					
2/1/05					
SIGNATURE.  Signature ryped of wifted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$50.00					
Make Chook Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS 110. ADDITIONS/CHANGES					
जार्म	MGRM	□ Oelete	CTITLE	AUDITIONS/	Change Addition
NAME	HAYES, GREGG		NAME		and the second s
STREET ADDRESS CITY-ST-ZIP	1546 PROGRESS RD. ELLIJAY GA 30540	_	STREET ADDRESS CITY-ST-ZIP		
24	LEEIGAT GA 30040	Delete	TITLE		Change Addition
	TEITALDI, TAUE		NAME	10004663	
CIDA	TO40 THE CHESOND.	, decere	STREET ADDRESS CITY-ST-ZIP	10004563 02/15/05010210	07 ***50.00
TITLE	MGRM	☐ Delete	TITLE	• .	☐ Change ☐ Addition
NAME	GALLMAN, MIKE		NAME		
STREET ADDRESS CITY-ST-ZIP	101011100112001121		STREET ADDRESS CITY-ST-ZIP	108/0401004	018-4150.00
TITLE	MGRM	☐ Delete	TITLE		Change Addition
NAME	WESTMORELAND, DAVID		NAME	DAID	./ .
STREET ADDRESS CITY-ST-ZIP	1546 PROGRESS RD. ELLIJAY GA 30540		STREET ADDRESS City-St-Zip	MD(3012)	DINY.
TITLE	ELLIJAT GA 30040	☐ Delete	TITLE	BULLE RIDGE	Additio.
NAME			NAME		217
STREET AODRESS	e Maria	•	STREET ADDRESS		141
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NAME	The second secon	Delete	NAME 7	POSTERONS I	Change L Additio
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CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11. I 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 report is true and accurate and that my signature shall have the same legal effect as it 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.					