


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000000618</b>	
1. Entity Name <b>BLUE ROOM SURF AND SPORT, L.L.C.</b>	

Principal Place of Business <b>610 THOMAS DRIVE PANAMA CITY BEACH, FL 32408</b>	Mailing Address <b>610 THOMAS DRIVE PANAMA CITY BEACH, FL 32408</b>
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04192004No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3607829</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>MCCLAIN, JAMES D 610 THOMAS DRIVE PANAMA CITY BEACH, FL 32408</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renoting) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCCLAIN, JAMES D 2856 TUPELO DRIVE PANAMA CITY, FL 32405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GRANTHAM, SANDRA P 2856 TUPELO DRIVE PANAMA CITY, FL 32401</b>
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04/20/04-80058-002 50.00

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 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:** James McClain 4/19/04 850-235-0401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #