

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000005974

FILED  
Mar 17, 2002 8:00 AM  
Secretary of State

Entity Name: BLUE TURTLE, LLC

## Current Principal Place of Business:

P.O. BOX 672  
FLAGLER BEACH, FL 321360672

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 672  
FLAGLER BEACH, FL 321360672

## 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:

COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS ROAD, SUITE 230  
JACKSONVILLE, FL 32256 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: SULLIVAN, SARAH C  
Address: P.O. BOX 672  
City-St-Zip: FLAGLER BEACH, FL 321360672

Title: MGRM ( ) Delete  
Name: SULLIVAN, PATRICIA A  
Address: P.O. BOX 672  
City-St-Zip: FLAGLER BEACH, FL 321360672

Title: MGRM ( ) Delete  
Name: SULLIVAN CHRISTINE, MAUREEN  
Address: P.O. BOX 672  
City-St-Zip: FLAGLER BEACH, FL 321360672

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAUREEN SULLIVAN CHRISTINE

MNGR

03/17/2002

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