**UNIFORM BUSINESS REPORT (UBR) FILED** May 07, 2002 8:00 am Secretary of State **DOCUMENT #** 1. Entity Name Verde Blue 05-07-2002 90388 019 \*\*\*\*55.00 DO NOT WRITE IN THIS SPACE Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 104 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 365 90 3 3 +070 Applied For Not Applicable 738 \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Zip Code 209 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. Signature, typed or printed name of registered agent and title if applicable. DATE **FEE IS \$50.00** Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS mGRM TITLE IIILE Jennifer NAME 390 El STREET ADDRESS STREET ADDRESS Delten a CITY-ST-ZIP 32738 CITY-ST-ZIP MERM Cobb TITI F TITLE NAME NAME 390 El Camino Dr. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" TITLE TITLE NAME NAME, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. IG MAIJAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE