

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LOG000006726

1. Entity Name

BLUE RIDGE MOUNTAIN PROPERTIES, LLC

Principal Place of Business

P.O. BOX 23910  
FORT LAUDERDALE FL 33307

Mailing Address

P.O. BOX 23910  
FORT LAUDERDALE FL 33307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1002638

65-1097972

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, PHILIP J ESQ  
200 E LAS OLAS BLVD  
SUITE 1900  
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DEEM, CURTIS  
P.O. BOX 23910  
FORT LAUDERDALE FL 33307

☐ Delete

TITLE  
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☐ Change ☐ Addition

CR2E083 (9/01)

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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone#

4-22-02 954-5519

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90585 002 \*\*\*\*50.00

957699



DO NOT WRITE IN THIS SPACE