


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000006726 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



03262004 No Chg-LLC

CR2E083 (10/03)

| | |
|-----------------------------|---------------------------------|
| 4. FEI Number 65-1097972 | Applied For (Not Applicable) |
|-----------------------------|---------------------------------|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 |
|---|

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and (file if applicable). (NOTE, Registered Agent signature required when reinstating)

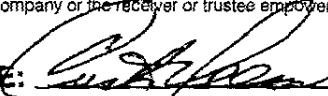
**Filing Fee is \$50.00
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DEEM, CURTIS P.O. BOX 23910 FORT LAUDERDALE, FL 33307 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000098582
03/29/04-80046-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  3-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #