2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

limited liability company or the receiver or trustee

SIGNATURE:

Apr 01, 2004 8:00 am Secretary of State **DOCUMENT # L01000008287** 1. Entity Name 04-01-2004 90218 011 ****50.00 BLUE HEAVEN PROPERTIES, L.L.C. Principal Place of Business Mailing Address 190 TREASURE RD. PORT ST. JOE FL 32456 190 TREASURE RD. PORT ST. JOE FL 32456 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 58-2623066 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTON, L.B. Street Address (P.O. Box Number is Not Acceptable) 190 TREÁSURE ROAD PORT ST. JOE FL 32456 City 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. I am familiar with, and accept the obligations of registered agent, 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 Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change ☐ Addition WALTON, L.B. NAME NAME STREET ADDRESS 190 TREASURE RD. STREET ADDRESS CITY-ST-ZIP PORT ST. JOE FL 32456 CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition HAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

red to execute this report as required by Chapter 608, Florida Statutes.

Date

Davtime Phone #

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED