

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

09-15-2003 90098 026 ****55.00
L01000008287

FILED

03 SEP 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L01000008287

1. Entity Name

BLUE HEAVEN PROPERTIES, L.L.C.



Principal Place of Business

5198 WATERFORD DRIVE
C/O L.B. WALTON
ATLANTA GA 30346

Mailing Address

5198 WATERFORD DRIVE
C/O L.B. WALTON
ATLANTA GA 30346

2. Principal Place of Business

190 Treasure Rd

3. Mailing Address

190 Treasure Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Joe Fla

City & State

Port St Joe, Fla

Zip

32456

Country

USA

Zip

32456

Country

USA

4. FEI Number 58-2623066

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTON, L.B.
190 TREASURE ROAD
PORT ST. JOE FL 32456

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (hand or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when re/instating)

9-12-03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WALTON, L.B.
STREET ADDRESS 5198 WATERFORD DRIVE
CITY-ST-ZIP ATLANTA GA 30346

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR-M
NAME Walton, L.B.
STREET ADDRESS 190 Treasure Rd
CITY-ST-ZIP Port St Joe, Fla 32456

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: LORING B. WALTON JR

7-24-03

7703508085

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

Date

Daytime Phone #

CR2E083 (4/03)