

# 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 <b>5198 WATERFORD DRIVE C/O L.B. WALTON ATLANTA GA 30346</b>	Mailing Address <b>5198 WATERFORD DRIVE C/O L.B. WALTON ATLANTA GA 30346</b>
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2. Principal Place of Business <b>190 Treasure Rd</b>	3. Mailing Address <b>190 Treasure Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port St. Joe Fla</b>	City & State <b>Port St Joe, Fla</b>
Zip <b>32456</b>	Country <b>USA</b>
Zip <b>32456</b>	Country <b>USA</b>



9/16  CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **58-2623066**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

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]* DATE **9-12-03**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALTON, L.B. 5198 WATERFORD DRIVE ATLANTA GA 30346</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR-M Walton L.B. 190 Treasure Rd Port St Joe, Fla 32456</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **LORING B. WALTON JR** **MGR-M** **7-24-03** **7703508085**

Signature typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (4/03)