

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 |



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

| | | |
|------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WALTON, L.B. 5198 WATERFORD DRIVE ATLANTA GA 30346 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR-M Walton L.B. 190 Treasure Rd Port St Joe, Fla 32456 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* **LORING B. WALTON JR** DATE **7-24-03** DAYTIME PHONE # **7703508085**

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

CR2E083 (4/03)