

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008585

FILED
Apr 29, 2005
Secretary of State

Entity Name: BLUE SPRINGS, LLC

Current Principal Place of Business:

1414 SWANN AVE., SUITE 201
TAMPA, FL 336062533

New Principal Place of Business:

1414 SWANN AVE.,
201
TAMPA, FL 336062533

Current Mailing Address:

1414 SWANN AVE., SUITE 201
TAMPA, FL 336062533

New Mailing Address:

1414 SWANN AVE.,
201
TAMPA, FL 336062533

FEI Number: 59-3757540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRB ENTERPRISES, INC.
1414 SWANN AVE
SUITE 201
TAMPA, FL 336062533 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BLANCHARD, WILLIAM M
Address: 1414 SWANN AVENUE #201
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: BLANCHARD, G. ROBERT JR.
Address: 1414 SWANN AVENUE #201
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: HARRIS, MALCOLM C
Address: 1414 SWANN AVENUE - SUITE #201
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: VOGEL, JOHN T
Address: 32745 PENNSYLVANIA AVE
City-St-Zip: SAN ANTONIO, FL 33576

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM BLANCHARD

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date