

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008585

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: BLUE SPRINGS, LLC

**Current Principal Place of Business:**

1414 SWANN AVE.,  
201  
TAMPA, FL 336062533

**New Principal Place of Business:**

**Current Mailing Address:**

1414 SWANN AVE.,  
201  
TAMPA, FL 336062533

**New Mailing Address:**

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/MANAGERS:**

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 exemption stated in Chapter 119, 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 M. BLANCHARD

MGRM

04/28/2009

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