


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90161 005 ****50.00

DOCUMENT # L01000017788	
1. Entity Name INDIGO SANFORD LLC	

Principal Place of Business 149 S. RIDGEWOOD AVE. SUITE 600 DAYTONA BEACH, FL 32114	Mailing Address P.O. BOX 10809 DAYTONA BEACH, FL 32120-0809
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2. Principal Place of Business 1530 Cornerstone Blvd. Suite, Apt. #, etc. Ste. 100	3. Mailing Address P.O. Box 10809 Suite, Apt. #, etc.
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City & State Daytona Beach, FL	City & State Daytona Beach, FL
Zip 32117 Country US	Zip 32120-0809 Country US

01222004 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00	Additional Fee Required
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6. Name and Address of Current Registered Agent APGAR, ROBERT F 149 SOUTH RIDGE SUITE 600 DAYTONA BEACH, FL 32114	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1530 Cornerstone Blvd., Ste 100	
City Daytona Beach	FL Zip Code 32117

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INDIGO DEVELOPMENT, INC. 149 S. RIDGEWOOD AVE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1530 Cornerstone Blvd., Ste 100 Daytona Beach, FL 32117 <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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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

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 60B, Florida Statutes.

Indigo Development Inc. as Managing Partner
SIGNATURE: Linda Crisp **2/6/04** **Linda Crisp, Secretary** **386-274-2202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #