

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90200 050 \*\*\*\*50.00

**DOCUMENT # L01000017788**

1. Entity Name  
**INDIGO SANFORD LLC**



Principal Place of Business  
**1530 CORNERSTONE BLVD.  
STE 100  
DAYTONA BEACH, FL 32117**

Mailing Address  
**P.O. BOX 10809  
DAYTONA BEACH, FL 32120-0809**



01102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**APGAR, ROBERT F  
1530 CORNERSTONE BLVD  
STE 100  
DAYTONA BEACH, FL 32117**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM INDIGO DEVELOPMENT, INC. 1530 CORNERSTONE BLVD. STE 100 DAYTONA BEACH, FL 32117</b>
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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.

**Indigo Development Inc., managing general partner**

**SIGNATURE:** *Linda Crisp* **Linda Crisp, Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1-28-05* **386-274-2202**

Date

Daytime Phone #