

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90001 046 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**APGAR, ROBERT F  
149 SOUTH RIDGE  
SUITE 600  
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name **APGAR, ROBERT F.**

Street Address (P.O. Box Number is Not Acceptable)  
**149 S. RIDGEWOOD AVENUE  
SUITE 600**

City **DAYTONA BEACH** **FL** **32114**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **INDIGO SANFORD INC.**  
STREET ADDRESS **1983 CENTRE POINTE BLVD. SUITE 100**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **INDIGO DEVELOPMENT, INC.**  
STREET ADDRESS **149 S. RIDGEWOOD AVE.**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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. as Managing Partner**

**SIGNATURE:** *[Signature]* **SECRETARY**

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

*2/10/03* (386) 255-7558

Date

Daytime Phone #

0045997

CR2E083 (10/02)