## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000001319

City-St-Zip: NONE, NA NONE

Entity Name: BLUE RIDGE INVESTMENTS, L.L.C.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
Current	illicipal Flace	or Busiliess.	New Fillicipal Flace	or Busiliess.
	DLAND RIDGE TON, GA 3056			
Current Mailing Address:			New Mailing Address:	
	DLAND RIDGE TON, GA 3056			
FEI Number:	: 01-0600384	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
6010 LAS	T, DENNIS J COLINAS CIR RTH, FL 3346:	3 US		
	named entity see of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	nt	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () MARCOTT, DEN 400 WOODLAN MORGANTON, 0	D RIDGE DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () N/A, NONE NONE NONE, NA NON	Delete IE	Title: Name: Address: City-St-Zip:	() Change () Addition
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Title: Name: Address: City-St-Zip:	MGR () N/A, NONE NONE NONE, NA NON	Delete IE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR () N/A, NONE	Delete	Title: Name:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: DENNIS J. MARCOTT MGR 04/30/2009