2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/14/2003-90322-037-$50.00-$50.00

APPROVED AND FILED

03 OCT 16 AM 8:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0008123

DOCUMENT # L02000003675

1. Entity Name
BLUE GULF DEVELOPMENT, LLC

WNC 2-603

Principal Place of Business
21 N. SPOOKY LANE
SANTA ROSA BEACH FL 32459

Mailing Address
P.O. BOX 1918
SANTA ROSA BEACH FL 32459

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-4540735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, FRANKLIN H
5365 E. CO. HWY. 30-A, STE. 105
SEAGROVE BEACH FL 32459

7. Name and Address of New Registered Agent

Name Jack Rhodes
Street Address (P.O. Box Number is Not Acceptable)
21 N. Spooky Ln
City Santa Rosa Beach FL Zip Code 32459

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 J K Rhodes JACK Rhodes — DATE July 10, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JACK RHODES, CONSULTANT, INC. PO BOX 1918 SANTA ROSA BEACH FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WILLIAMS, ROBERT C RT. 22, BOX 223 ANDALUSIA AL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (4/03)

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.

SIGNATURE J K Rhodes Consultants Managing Member — July 9, 2003 — 850.267.1592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #