2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 02, 2004 08:00 AM DOCUMENT # L02000010858 **Secretary of State** 1. Entity Name BLUE HORIZONS, LLC Mailing Address Principal Place of Business 9371-2 CYPRESS LAKE DRIVE FORT MYERS FL 33919 9371-2 CYPRESS LAKE DRIVE FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 57-1142068 Not Applicable Country Zip Country Ziss \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROUSSARD, ROBERT Street Address (P.O. Box Number is Not Acceptable) 9371-2 CYPRESS LAKE DRIVE FORT MYERS FL 33919 City Zio Code 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR ☐ Delete TITLE Change ☐ Addition रास ह NAME BROUSSARD, ROBERT NAME UCCOMBINED 24856 STREET ADDRESS STREET ADDRESS 9371-2 CYPRESS LAKE DRIVE 32712704-80083-003 S0.11**0** CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change HILE Delete 3443 ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS C37Y-\$1-79P CITY-ST-ZIP ☐ Delete THILE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MARK STREET ADDRESS STREET ADDRESS CRY-ST-ZIP 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 808, Florida Statutes.

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