2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010858

1. Entity Name BLUE HORIZONS, LLC



FILED Feb 28, 2008 08:00 AM Secretary of State

Principal Place of Business

9371-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919 Mailing Address

9371-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919



DO NOT WRITE IN THIS SPACE

01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1142068

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROUSSARD, ROBERT 9371-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919

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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 \$138.75 After May 1, 2008 Fee will be \$538.75 U00000842979 03/11/08-80051-018 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROUSSARD, ROBERT 9371-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

ITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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Davume Phone #