

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011156

1. Entity Name
BLUE RUN OF DUNNELLON, L.L.C.



Principal Place of Business
**9061 SW 190TH AVENUE ROAD
DUNNELLON, FL 34432**

Mailing Address
**9061 SW 190TH AVENUE ROAD
DUNNELLON, FL 34432**

DO NOT WRITE IN THIS SPACE



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
32-0011991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUNNINGHAM, HARRY M
9061 SW 190TH AVENUE ROAD
DUNNELLON, FL 34432**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000122703
04/21/04-80039-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CUNNINGHAM, HARRY M
9061 SW 10TH AVE RD
DUNNELLON, FL 34433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NELSON, CURT
11461 CAMP DR.
DUNNELLON, FL 34432**

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-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: _____

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

4/20/04

352-484-3447

Date

Daytime Phone #