

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90015 049 \*\*\*\*50.00

**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

**40038052**



02022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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, JEAN K  
11461 CAMP DR.  
DUNNELLON, FL 34432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NELSON, DAX O  
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

**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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

11/15/06

352-484-3447