

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011569

1. Entity Name
BLUE RIVER PROPERTIES, LLC



Principal Place of Business

14420 BALD EAGLE DRIVE
FORT MYERS, FL 33912 US

Mailing Address

14420 BALD EAGLE DRIVE
FORT MYERS, FL 33912 US



05262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
76-0702321

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, ANN B
14420 BALD EAGLE DR.
FORT MYERS, FL 33912

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)

000000161038

06/01/04-800005-008 50.00

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KAPLAN, ANN B
STREET ADDRESS	14420 BALD EAGLE DR
CITY - ST - ZIP	FORT MYERS, FL 33912

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Ann Kaplan

5/20/04

239-561-5438

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

Date

Signature Phone #