2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013308

1. Entity Name
BLUE RANGES, LLC

Principal Place of Business	Mailing Address
377 N.W. 14TH STREET OCALA, FL 34478	P.O. BOX 1389 OCALA, FL 34478

01092004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3689347
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOXON, HENRY J.G.
377 N.W. 14TH STREET
OCALA, FL 34478

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000094515
03/22/04-80063-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOXEN, HENRY J.G.
STREET ADDRESS	377 NW 14TH ST
CITY-ST-ZIP	OCALA, FL 34475
TITLE	MGRM
NAME	MATTISON, W. THEO JR
STREET ADDRESS	102 PORTELL DRIVE
CITY-ST-ZIP	ANDERSON, SC 29621
TITLE	MGRM
NAME	JACKSON, ETHEL S
STREET ADDRESS	8025 E HWY 316
CITY-ST-ZIP	FORT MC COY, FL 32134
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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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 608, Florida Statutes.

HENRY J.G. Moxon

SIGNATURE: Henry J.G. Moxon Manager MOXON 3/17/04 352/732-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #