

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000014443

1. Entity Name
OLD BLUE SPRINGS, L.L.C.



Principal Place of Business

2806 W. US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055

Mailing Address

2806 W. US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055



01292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0733201

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

CRAPPS, DANIEL
2806 W. US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CRAPPS, DANIEL
2806 W. US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WIGGINS, ARDENE
PO BOX 1857
ALACHUA, FL 32616

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

000000210917
02/02/05-80091-008 50.00

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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

DANIEL CRAPPS 1/31/2005 386-755-5110