## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

BLUE DOG INVESTMENTS, LLC

DOCUMENT # L03000000076



**FILED** May 25, 2007 08:00 A Secretary of State

Daytime Phone #

			The state of the s					
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	1				
1345 DUPONT ROAD HAVANA FL 32333		. 1345 DUPONT ROA HAVANA FL 32333	. 1345 DUPONT ROAD HAVANA EL 32333		i pales ligh adm agus agus a	61(1 66(() <b>66</b> ))) 86	nin <b>186</b> 18 <b>8</b> 1	1881 M 4881
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2. Principal Place of Business - No P.O. Box #		x # 3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suita Apl # ala	Suite, Apt. #, etc.					
Suite, Apr. #, etc.		Suile, Apt. #, etc.	Salle, Apr. #, atc.		ORE CR2	E083 (10/	06)	
City & Stato		City & State	City & State		Number   Applied For     Not Applied			
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required				
•	6. Name and Address of	Current Registered Agent		7. Name and Address of New Registered Agent				
			Name					
BR/	ADSHAW, PAUL R 5 DUPONT ROAD		Street Address	ss (P.O. Box Number is Not Acceptable)				
HA	VANA FL 32333							
			City			FL Z	ip Code	:
9 The about	named antity submits this state	tement for the purpose of changing	to registered affice or registe	rad agent as bath in	the Clate of Clerida			
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 .								
Spriature, typed or printed name of registered agent and ittle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$50.00								
Make Check Payable to Florida Department of State								
		D	ue By May 1, 2007					
9.		MEMBERS/MANAGERS	10.		ADDITIONS/CHA			_
TITLE NAMI	MGRM	Defele	TITT NAME.				Change	Addition
STREET ADDRESS	BRADSHAW, PAUL R	STREET ADDIVESS		U000007	65394			
CITY-SI-ZIP	HAVANA FL 32333		CITY-S1-7IP	<b></b>			0.00	
THUE	MGRM	☐ Defeic	111(1				Change	Addition
NAMŧ.	BRADSHAW, SARA S	•	NAMŁ				-	
STREET ADDRESS	1345 DUPONT ROAD		STHIFF T ADDRESS					j
CITY-SI-7IP	HAVANA FL 32333		CITY-S1-ZIP		·			
IIILE		Delete	TIJLE			□ c	Change	Addition
NAME STREET ADDRESS			NAME Striet address					
CITY-ST-7IP			CITY-ST-7IP					
TITLE.		☐ Delete	HILE				hange	Addition
NAME			NAMI					
STRUFT ADDRESS	•		STREET ADDRESS					
CHY-S1-7IP			CIFY-S1-7IP					
HILE		☐ Delele	1(1)			□ c	hange	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CHY-SI-ZIP			CHY-S1-7IP					
Hit		Delcle	11111			m c	hange	Addition
NAME	•		NAMI'				***	
STREET ADDRESS		•	STREE LADORESS					
CITY-ST-ZIP	·		CITY-S1-ZIP					
indicated	on this report is true and acci	plied with this filing does not qualify urate and that my signature shall ha	ave the same logal effect as	if made under oath; t	hat I am a managin	er certify thi g member o	al the in or mana	formation ger of the
indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.								