

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90321 001 \*\*\*100.00

**DOCUMENT # L03000004947**

1. Entity Name  
INDIGO MANAGEMENT, LLC



Principal Place of Business  
18300 SCENIC HIGHWAY 98  
POINT CLEAR PLACE, SUITE B  
POINT CLEAR, AL 36564 US

Mailing Address  
18300 SCENIC HIGHWAY 98  
POINT CLEAR PLACE, SUITE B  
POINT CLEAR, AL 36564 US

**30002815**



01132006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-1059556</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

SHELL, STEPHEN B  
226 PALAFOX PLACE  
NINTH FLOOR, SEVILLE TOWER  
PENSACOLA, FL 32501

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEAD, SR., DAVID POINT CLEAR PLACE, SUITE B POINT CLEAR, AL 36564
--	--

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	
--	--

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 #

**2-23-06**

**251 928 3930**