#### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L03000005797

1. Entity Name
BLUE GULF, LLC



FILED Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

7621 BAY COLONY DRIVE NAPLES, FL 34109

7621 BAY COLONY DRIVE NAPLES, FL 34109



### DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0531938

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, KEVIN G 4001 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103

## 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 iamiliar with, and accept
	the obligations of registered agent	

SIGNATURE.

Signature, typed or printed name of registered agent and little if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006 1100000404381 02/06/06-80044-014 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	GALLOWAY, THOMAS R	
STREET ADDRESS	7621 BAY COLONY DRIVE	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		
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CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling does not qualify for the ex		

# 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 TYPET OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

=01-17-06 239.594.7205

Date

Daytime Phone ≇