

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000007670

1. Entity Name

BLUE MOUNTAIN BEACH GROUP, LLC



Principal Place of Business

**2179 MILLER LANDING ROAD
TALLAHASSEE, FL 32312 US**

Mailing Address

**2179 MILLER LANDING ROAD
TALLAHASSEE, FL 32312 US**



05052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-1047306

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, DUNCAN
2179 MILLER LANDING ROAD
TALLAHASSEE, FL 32312**

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGRM
NAME MOORE, DUNCAN
STREET ADDRESS 2179 MILLER LANDING ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312**

**TITLE MGRM
NAME GLEANER, STEPHEN
STREET ADDRESS 57 HIDDEN VILLAGE TRAIL
CITY-ST-ZIP HIGHLANDS, NC 28741**

**TITLE MGRM
NAME MCCULLERS, JAMES E
STREET ADDRESS 1280 MALIBU PLACE
CITY-ST-ZIP VESTAVIA HILLS, AL 35216**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**1100000367729
05/20/05-80003-005 50.00**

**DO NOT WRITE
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:

James E. McCullers

05/17/05

205 923-9139

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

Date

Daytime Phone #