2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# L03000031779

Entity Name: BLUE SPRUCE, LLC

Current Principal Place of Business:

35303 SW 180TH AVE.
#378
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

35303 SW 180TH AVE.
#378
FLORIDA CITY, FL 33034 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, DELBERT L SR.
35303 SW 180TH AVE.
#378
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MCKENDRICK PROPERTIE, S, INC.
Address: 3225 S. MCLEOD DR. #100
City-St-Zip: LAS VEGAS, NV 89121 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: SIERRA HILLS AND ASS, OCIATES, L.P.
Address: 3225 S. MCLEOD DR. #100
City-St-Zip: LAS VEGAS, NV 89121 US

Title: MGRM ( ) Change (X) Addition
Name: APPEL, CHERYL R MGRM
Address: 5330 99TH AVE. NW
City-St-Zip: GIG HARBOR, WA 98335 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHERYL R. APPEL MGRM 04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date