

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032231

Entity Name: SHEAR BLUE, LLC

FILED  
Apr 29, 2006  
Secretary of State

**Current Principal Place of Business:**

2209 OLD DIXIE HWY.  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 250731  
DAYTONA BEACH, FL 32125 US

**New Mailing Address:**

FEI Number: 01-0795633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CANUP, MARILYN B  
P.O. BOX 250731  
DAYTONA BEACH, FL 32125 US

**Name and Address of New Registered Agent:**

CANUP, MARILYN B  
2209 OLD DIXIE HWY  
ORMOND BEACH, FL 32174 US

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:

04/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CANUP, LOUIS B  
Address: 2209 OLD DIXIE HWY.  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM (X) Delete  
Name: CANUP, MARILYN B  
Address: 2209 OLD DIXIE HWY.  
City-St-Zip: ORMOND BEACH, FL 32174 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CANUP, MARILYN B  
Address: 2209 OLD DIXIE HWY.  
City-St-Zip: ORMOND BEACH, FL 32174 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARILYN B. CANUP

MGR

04/29/2006

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